

*The Journal*

OF THE

Kansas Medical Society

---

Published Monthly by

THE KANSAS MEDICAL SOCIETY

---

INDEX TO VOLUME XLVI

JANUARY, 1945, TO DECEMBER, 1945, INCLUSIVE

# INDEX TO VOLUME XLVI

## ORIGINAL ARTICLES

Advantages of Cotton and Steel Wire Suture Material—Graham Owens, M.D., and M. J. Owens, M.D., Kansas City, Missouri .....	12-397
Are Doctors People?—Roger I. Lee, M.D., Boston, Massachusetts .....	3-76
Aspiration Pneumonia with Beginning Lung Abscess Treated with Penicillin—Robert R. Snook, M.D., Manhattan, Kansas .....	2-40
Caesarean Section in Private Practice—Francis J. Nash, M.D., Kansas City, Kansas .....	6-181
Cancer Education for the Layman—C. C. Nesselrode, M.D., Kansas City, Kansas .....	1-7
Cancer in Kansas—F. C. Beelman, M.D., Topeka, Kansas .....	5-145
Clinical-Pathological Study of Erythroblastosis, A—Howard C. Clark, M.D., Wichita, Kansas .....	7-217
Diagnosis and Treatment of Tumors of the Testis—C. Alexander Hellwig, M.D., Wichita, Kansas .....	2-37
Epigastric Hernia, a Factor in Upper Abdominal Diagnosis—Glenn R. Peters, M.D., and C. C. Nesselrode, M.D., Kansas City, Kansas .....	9-289
Intestinal Obstruction in the Newly Born Due to an Error in Rotation of the Midgut Loop during Fetal Development—D. N. Medearis, M.D., Kansas City, Kansas .....	10-328
Management of Emboli and Thrombophlebitis—I. S. Nelson, M.D., Salina, Kansas .....	10-325
Manic Depressive Psychosis, Depressed Phase (Case Report)—Thomas L. Foster, M.D., Halstead, Kansas .....	8-257
Medical Board and Its Responsibility to the Public, The—J. F. Hassig, M.D., Kansas City, Kansas .....	8-259
Preventive Psychiatry—F. A. Carmichael, M.D., St. Joseph, Missouri .....	9-292
Primary Atypical Pneumonia: Report of Twenty-five Cases with a Discussion of Pathogenesis—Captain Joseph W. Cooch, M.C., A.U.S. ....	1-1
Renal Cyst, Solitary—John W. Martin, M.D., Kansas City, Kansas .....	3-73
Sciatica Secondary to Retropulsed Intervertebral Discs—Charles Rombold, M.D., Wichita, Kansas .....	8-253
Solving the Cancer Problem—Anonymous .....	3-75
Some Observations Regarding the Epidemiology, Spread and Diagnosis of Brucellosis—I. H. Borts, M.D., Iowa City .....	12-399
Studies on the Oral Administration of Penicillin—Harold G. Nelson, M.D., Kansas City, Kansas .....	7-224
Transfusion of Whole Blood—Clyde Wilson, M.D., Emporia, Kansas .....	6-186
Traumatic Chylothorax—Harry J. Davis, M.D., Topeka, Kansas .....	11-361
Treatment for Sacro-Iliac Strain or Sprain, Torticollis and Lumbago—Mayer Shoyer, M.D., Holton, Kansas .....	5-149
Tuberculous Gingivitis with Report of Case—Edgar W. Johnson, Jr., M.D., Kansas City, Kansas .....	2-42
Why Is Cancer Research Important?—American Cancer Society .....	6-184

## EDITORIALS

Annual Dues .....	1-12
Armed Services and Medical Education .....	3-80
Benefits for Returning Medical Officers .....	11-368
Cancer Control in April .....	4-127
Clendening, Logan .....	3-79
Committee on Medicine and the Changing Order .....	3-81
Committees for 1945-1946 .....	8-265
Control of Cancer .....	3-80
Eighty-Seventh Annual Session .....	11-367
German Measles and Congenital Defects .....	6-189
German Measles and Congenital Defects (By Porter Brown, M.D.) .....	8-265
House of Delegates May 6, Topeka .....	4-127
Immune Serum Globulin .....	5-155
Intravenous Amino Acids .....	12-409
Journalism and Medicine .....	12-408
Kansas Physicians' Service (By Barrett A. Nelson, M.D.) .....	5-153
Kansas Physicians' Service .....	6-189
Limitation of Private Duty Nursing .....	4-127
Medical Assistants .....	2-46
Medical Education and Twin Beds .....	12-408
Medical Practice Act .....	2-45
Medical Reference Library .....	1-12
Medical Work in ETO .....	6-189
Munns Released From Army .....	8-266
Need for Nurses .....	2-45
Now that the War is Over .....	10-335
Pepper Bill, The .....	10-335
Postgraduate Education .....	12-407
Practical Nurse, The .....	7-229
Quo Vadis? .....	1-11
Radiology Comes of Age (By Lewis G. Allen, M.D.) .....	11-367
Soft Answer, The .....	9-297
Streptomycin .....	12-407
Tuberculosis Survey .....	2-47
Veterans' Administration .....	7-229

## DEATH NOTICES

Aldrich, Harry L., M.D., Caney .....	8-282
Alexander, Homer A., M.D., Topeka .....	1-24
Ames, Luther L., M.D., Wichita .....	11-378
Angle, Fred E., M.D., Kansas City .....	11-378
Bechtel, Joshua R., M.D., Lawrence .....	8-282
Blake, Franklin R., M.D., Marquette .....	3-83
Brady, Patrick S., M.D., Hays .....	12-416
Carr, W. A., M.D., Merriam .....	2-60
Cavanaugh, John Joseph, M.D., Lindsborg .....	3-83
Charles, Hugh L., M.D., Atchison .....	5-156
Cheney, Enos R., M.D., Gypsum .....	11-378
Clark, Theodore, M.D., Baldwin .....	5-156
Clarke, Howard L., M.D., LaCygne .....	11-378
Cole, Charles W., M.D., Norton .....	6-204
Collelmo, Ugo A., M.D., Frontenac .....	5-156

# INDEX TO VOLUME XLVI

Ebright, E. D., M.D., Wichita .....	6-204	Changes at K. U. Medical School .....	8-278
Eilerts, Walter J., M.D., Wichita .....	8-282	Changes in EMIC Program .....	12-410
Finley, M.A., M.D., Emporia .....	6-204	Chest Physicians Cancel Meeting .....	4-129
Glasscock, S. S., M.D., Goodland .....	6-204	Chicago Clinical Conference .....	12-410
Grimmell, George H., M.D., Howard .....	3-83	China Needs Medical Personnel .....	10-356
Henry, J. B., M.D., Lawrence .....	6-204	Clendening Aid to K. U. ....	3-92
Hoover, Clare F., M.D., Topeka .....	3-83	Clendening Memorial Park .....	12-410
James, Ralph Ward, M.D., Winfield .....	3-83	Clinical Conference in Kansas City .....	9-302
Janes, James William, M.D., Columbus .....	2-60	Clinical Information Bureau .....	1-26
Janes, William E., M.D., Eureka .....	8-282	College Approves 3,152 Hospitals .....	1-12
Jeffers, Albertus, M.D., Smith Center .....	1-24	Combat Badge for Medical Personnel .....	5-158
Johnson, Bertram, M.D., Eureka .....	10-342	Combat Pay for Medical Units .....	2-53
Jones, Jay Arthur, M.D., Kansas City .....	1-24	Committee Reports .....	4-113
Kelley, Forrest A., M.D., Winfield .....	8-282	Compiling Medical History .....	3-43
Krugg, Albert A., M.D., Coffeyville .....	5-156	Conference on Rehabilitation .....	1-9
Marner, G. P., M.D., Marion .....	10-342	Congress on Ophthalmology .....	3-96
Miller, Ransley J., M.D., Topeka .....	1-24	Conservation of Film .....	6-206
Murdock, Samuel, M.D., Sabetha .....	5-156	Constructive Program for Medical Care— American Medical Association .....	9-298
Rabin, Julius H., M.D., Kansas City .....	2-60	Councilor Reports .....	4-110
Ravenscroft, L. P., M.D., Winfield .....	8-282	Course in Clinical Allergy .....	9-297
Reed, Joe Getty, M.D., Larned .....	5-156	Course in Otolaryngology .....	2-40
Reynolds, Charles W., M.D., Holton .....	3-83	Courses for Army Doctors .....	6-194
Richmond, Thomas, M.D., Kansas City .....	12-416	Distribution of Penicillin .....	5-157
Ross, Mack L., M.D., Topeka .....	6-204	Election of Officers .....	5-155
Schwaup, Samuel J., M.D., Osborne .....	3-83	English First in Pharmacopoeia .....	5-160
Smith, Andrew Jackson, M.D., Leavenworth .....	12-416	Epidemics Decrease in Russia .....	3-96
Sparks, James W., M.D., Kansas City .....	5-156	Examinations for American Board .....	11-368
Tanquary, Earl D., M.D., Fort Scott .....	3-83	Examinations June 26-27 .....	5-157
Trimble, C. S., M.D., Emporia .....	5-156	"Faith and Guts" .....	5-159
Watkins, Lucien A., M.D., Leavenworth .....	10-342	Favorable Comments on K.P.S. ....	6-194
Wyant, Otis B., M.D., Winfield .....	10-342	Federal Legislation .....	2-49
Yankey, John W., M.D., Esbon .....	10-342	Fellowship Examinations .....	5-157
Young, Capt. Paul B., MC, Wichita .....	12-416	Films from Britain Available .....	11-386
		Francisco Memorial Project .....	10-342
		Future of Medical Officers .....	6-192
		Gallantry of Nurses Noted .....	10-352
		General Therapeutic Clinic at K.U. ....	9-299
		Gliders Carry Wounded to Hospitals .....	5-159
		Golden Belt Medical Society .....	11-376
		Harofe Haivri .....	2-51
		Honorable Mention in Essay Contest .....	12-420
		House of Delegates in December .....	10-338
		ICS Convention and Convocation .....	10-338
		Immune Serum Globulin Available .....	9-299
		Infantile Paralysis .....	1-18
		Johnitz, Mrs., is Ill .....	2-55
		Journal Article Reprinted .....	5-159
		Kansas Press Looks at Medicine .....	8-276
		Kansas Press Looks at Medicine .....	11-380
		Kansas Press Looks at Medicine .....	12-422
		Kansas United War Fund .....	9-302
		K. U. Medical Alumni Meet .....	11-376
		Library of EENT Subjects .....	10-340
		Longevity in 1943 .....	6-194
		Make Inspections Overseas .....	10-348
		Maternal Welfare in Kansas .....	5-157
		Maxillo-Facial Injuries .....	5-159
		McVay, Dr., to Council Office .....	8-281
<b>MISCELLANEOUS</b>			
Aid to Returning Physicians .....	11-372		
Alpha Omega Alpha Society .....	6-202		
A.M.A. Defers Meeting .....	4-129		
Announce Partnership .....	6-202		
Appeal for Medical Books .....	8-281		
Approves 231 Hospitals .....	2-47		
Army Announces Release Policy .....	8-274		
Army Medical Research Board .....	6-194		
Army Reduces Medical Corps .....	1-22		
Arts and Crafts Divert Wounded .....	3-86		
Assistants' Meeting Cancelled .....	4-125		
Auxiliary Announces Plans .....	4-129		
Blood Flown to Wounded .....	5-157		
Board Announces Examinations .....	5-155		
Board of Health Elects .....	8-281		
Board of Health Films .....	10-347		
Board Postpones Examinations .....	9-297		
British Invention Saves Lives .....	6-202		
Cadet Nurse Corps .....	8-266		
Cahal to College of Radiology .....	1-28		
Cancer Control .....	6-192		
Care of Poliomyelitis Victims .....	11-390		
Change Hospital Heads .....	1-12		

# INDEX TO VOLUME XLVI

Medical and Surgical Relief to 21 Countries.....	3-85	Session on Physical Medicine Cancelled .....	7-236
Medical Department Work Continues .....	10-341	Social Hygiene Award to General Ireland .....	3-96
Medical Journals Microfilmed .....	1-22	Soviet Union Needs Literature .....	12-418
Medico-Legal Conference and Seminar .....	8-267	State Appointments .....	6-206
Meeting Cancellations .....	2-50	State Meeting—1945 .....	1-14
Meeting is Postponed .....	6-194	State Meeting Cancelled .....	2-43
Memorial to Dr. Irving .....	5-159	Streptomycin Being Studied .....	9-300
Men Increase in Stature .....	3-97	Streptomycin for Typhoid .....	8-274
Menninger, Col., Addresses Forum .....	5-159	Study Diagnosis of Syphilis .....	11-369
Menninger, Col., is Speaker .....	8-271	Supplement to the U. S. Dispensary .....	8-271
Menninger Foundation to Expand .....	3-88	Supply of Physicians, The .....	10-344
Mitchell County Society Entertains .....	11-376	Surplus Property for Sale .....	2-43
National Posture Week Observation .....	6-192	Therapeutics Clinics at K. U. ....	10-333
Need for Doctors in Navy .....	6-206	Three Generations in Medicine .....	7-240
Neuropsychiatric Casualties .....	6-208	Tired Patient, The .....	5-161
Neuropsychiatric Discharges in Army .....	11-384	To Establish Mental Ward .....	9-297
New Doctors of Medicine .....	2-51	To Resume Health Broadcasts.....	12-409
New Doctors of Medicine .....	10-346	To Study Medical Service Plans .....	1-9
New Field Army Office .....	11-378	Troop Ships Become Hospital Ships.....	3-82
New Geriatrics Publication .....	11-378	Two Army Doctors Decorated .....	6-198
New Moderator for Federation .....	5-160	Two Go to Veterans' Administration.....	10-347
New Research and Development Board .....	11-372	Understanding the Malaria Patient .....	10-352
Now is the Time .....	2-47	Urge Release of Medical Officers .....	10-348
Nurse's Aides Fill Vital Needs .....	3-81	Use of Sulfa Discontinued.....	8-274
Officers Complete Neuropsychiatry Course .....	5-158	Van Meter Award for Essays.....	12-410
Official Proceedings—House of Delegates .....	5-150	Veneral Disease Problems Discussed .....	3-94
Oklahoma City Clinical Conference .....	11-368	Wagner, Senator, Explains .....	6-191
Omaha Mid-West Clinical Society to Meet.....	10-344	War-Time Medical Meetings .....	6-200
Opening for Physician .....	7-242	Whole Blood to Pacific .....	1-28
Orthopedic Footwear Clinic .....	8-266	Whole Milk to Hospital Ships .....	10-348
Pamphlet for Medical Officers .....	8-274	Wilson County Society Meets .....	9-306
Penicillin Production in 1944 .....	8-271		
Pepper Bill, The .....	11-369		
Physicians Needed by Navy .....	1-5		
Policy of National Physicians Committee .....	11-386		
Policy on Army Assignments .....	8-267		
Poliomyelitis Cases Increase .....	8-266		
Procedure on Surplus Property Bids .....	7-248		
Professional Training for Army Doctors.....	12-411		
Promotions at School of Medicine .....	7-236		
Psychiatric Meeting Cancelled .....	5-157		
Public Health Group Elects .....	7-248		
Quotas Set for Whole Blood .....	2-60		
Radio Transcriptions Available .....	6-198		
Radiologists' Meeting Cancelled .....	1-9		
Rapid Release of Army Doctors.....	12-411		
Recognition for DDT Research .....	1-14		
Record of Army Medical Department .....	7-246		
Red Cross Home Nursing .....	6-198		
Red Cross Solicits Support .....	2-50		
Refresher Course at Illinois .....	7-251		
Refresher Courses for Medical Officers .....	5-157		
Reorientation for Veterans .....	2-64		
Re-Registration Announcement .....	5-155		
Resolutions to A.M.A. ....	12-418		
Retiring President and President Elect .....	4-109		
Risk No Greater in Army .....	6-208		
Schedule for Supplemental Diets Including Rationed Food.....	9-295		
Scholarships in Physical Therapy .....	5-160		
		<b>AUXILIARY</b>	
		34, 70, 106, 128, 162, 214, 250, 286, 322, 358, 394, 430.	
		<b>BOOKS RECEIVED AND BOOK REVIEWS</b>	
		178, 212, 284, 354, 390.	
		<b>COUNTY SOCIETIES</b>	
		54, 86, 159, 200, 278, 342, 420.	
		<b>EXECUTIVE OFFICE</b>	
		14, 48, 82, 152, 190, 232, 270, 337, 369.	
		<b>KANSAS MEDICAL ASSISTANTS' SOCIETY</b>	
		64, 164, 210, 350, 392, 428.	
		<b>KANSAS PHYSICIANS SERVICE</b>	
		49, 155, 234, 267, 300, 414.	
		<b>MEMBERS</b>	
		56, 90, 160, 202, 280, 341, 374, 412.	
		<b>MEN IN SERVICE</b>	
		26, 52, 84, 158, 272, 304, 340, 370, 411.	
		<b>POSTGRADUATE FUND AND POSTGRADUATE EDUCATION</b>	
		11, 230, 268, 302, 339.	
		<b>PRESIDENT'S PAGE</b>	
		10, 44, 78, 126, 153, 188, 228, 264, 296, 334, 366, 406.	
		<b>TUBERCULOSIS ABSTRACTS</b>	
		9, 149, 262, 365.	

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

Owned and Published by The Kansas Medical Society

Volume XLVI

JANUARY, 1945

Number 1

## PRIMARY ATYPICAL PNEUMONIA

Report of 25 Cases with a Discussion of  
Pathogenesis

Captain Joseph W. Cooch

Medical Corps, Army of the United States

Much has been written about primary atypical pneumonia, but as yet its essential features are poorly understood. Reimann's<sup>1</sup> statement that the etiologic agent is probably a virus has not been disputed, but such a causative virus has not been established and his view is based largely on failure to demonstrate etiologic bacteria in the blood or sputa of these patients. Even the use of the term "pneumonia" is open to question, since necropsy findings show interstitial pneumonitis and purulent bronchiolitis with little alveolar damage. Since comparatively few of these patients come to necropsy, the significance of such findings as the essential pathology of the disease is not entirely established.

This report is based on twenty-five cases of primary atypical pneumonia observed at a station hospital. The series is relatively small, but there are interesting findings in this particular group which make them of especial interest.

The typical patient is a male who complains of cough, aching and fever. The admission diagnosis is often nasopharyngitis. The family history and previous history are non-contributory, and the patient

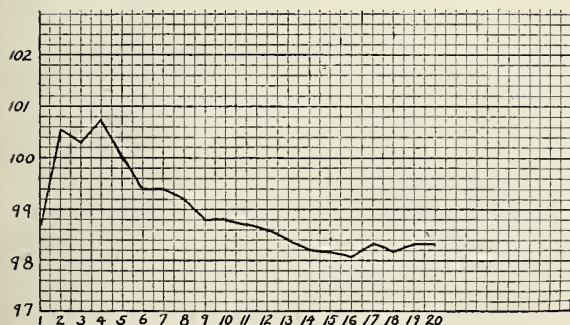
usually states that a few days before admission a non-productive cough has developed. The following day malaise and generalized aching appear and he has fever for a day or two. The admission temperature is approximately 100.4 with a pulse rate of 100, and respiratory rate of about 20. The physical examination usually shows injection of the pharynx with a small amount of post-nasal drip. Physical and roentgenologic examination of the chest are often negative at this stage. The leukocyte count averages 9,400, with a normal differential count.

He is treated expectantly and on the second hospital day the temperature is 101 and a few crepitant rales appear in the left base. The following day the roentgenogram shows infiltration extending from the hilum toward the left base. On the fourth hospital day he is afebrile and from then on is clinically well, but the chest roentgenogram is not clear until about the fourteenth hospital day. He is returned to duty on about the seventeenth day and has no sequelae.

### CASE REPORTS

Of the twenty-five patients in this series there were twenty-four males and one female, which proportion compares with the relative proportion of the two sexes at this station. The length of service in the Army varied from none to three years and eight months, the mean being 1.25 years. Twenty-four were white and one yellow.

The admission diagnosis on these patients demonstrates the difficulty in making a correct diagnosis (table no. 1). Eight, or 32 per cent, were diagnosed



TYPICAL TEMPERATURE CURVE

Fig. No. 1

Fig. 1: Typical Temperature Curve: an average of temperatures of all cases according to day of disease.

TABLE NO. 1

## ADMISSION DIAGNOSIS

DIAGNOSIS	NUMBER OF CASES							
	1	2	3	4	5	6	7	8
ATYPICAL PNEUMONIA								
NASOPHARYNGITIS								
ACUTE BRONCHITIS								
LOBAR PNEUMONIA								
PHARYNGITIS								
RHINITIS								
SINUSITIS								
ACUTE ABDOMEN								
UNDIAGNOSED								

primary atypical pneumonia, seven were diagnosed nasopharyngitis, three acute bronchitis, two lobar pneumonia, one pharyngitis, one rhinitis, one sinusitis, one acute abdomen, and one undiagnosed.

**Symptoms:** The symptoms were variable (table no 2). The most common symptom was cough, observed in eighteen patients. Pain in the chest was present in thirteen, generalized aching in twelve, fever in twelve, headache in nine, chilly sensations in eight, weakness in seven, sweating in five, rhinorrhea in four, expectoration in four, backache in four, anorexia in three and sore throat in three. Each of the following symptoms was present in one patient: abdominal pain, syncope, bloody sputum and constipation. One patient developed symptoms of atypical pneumonia while in the hospital for an unrelated condition. The others had symptoms for from one to seventeen days before admission, the mean being 2.7 days.

The admission temperature varied from 98 to 102.8, the mean being 100; but the peak temperatures observed during their periods of hospitalization varied from 98.6 to 103.8, with a mean of 101.3 (fig. 1). The mean pulse rate on admission was 90, with variations from 72 to 136.

**Physical Findings:** Physical examination of the chest showed no abnormal findings in ten of the patients. Five had increased breath sounds, five had crepitant rales, four had distant breath sounds and four impaired resonance on percussion. Increased fremitus was observed in one and decreased fremitus

in another (table no. 4).

**Laboratory Findings:** The blood count was not characteristically altered. The mean hemoglobin estimation was 91 per cent with the extremes of 77 per cent and 104 per cent. The leukocyte count varied from 6,000 to 25,000 with a mean of 11,700. Similar variation was noted in the differential count, the mean being polymorphonuclear neutrophils 78 per cent, lymphocytes 19 per cent, monocytes 2.3 per cent, eosinophiles 0.5 per cent and basophiles 0.2 per cent.

The erythrocyte sedimentation rate was determined in six cases. In one case the fall in 60 minutes was seven millimeters, but this estimation was made

TABLE NO.3

## DISTRIBUTION of LESIONS

	RIGHT	LEFT	TOTAL
UPPER	2	0	2
MIDDLE	3	—	3
LOWER	6	12	18
TOTAL LOCALIZED	11	12	23
DIFFUSE BILATERAL	2		2
TOTAL			25

on the eighth hospital day. In the other five the fall was twenty-one to twenty-five millimeters. The icteric index in one patient was five milligrams per 100cc. The sputum examination showed a few pneumococci in five patients, of which two were untyped, two were type II and one type XIV. The

TABLE NO. 2

## INCIDENCE of SYMPTOMS

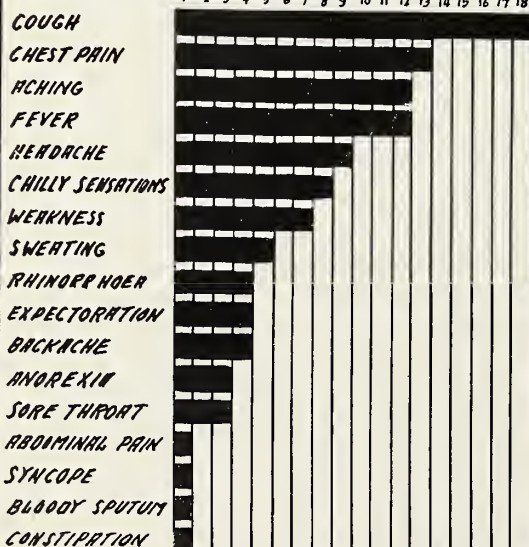
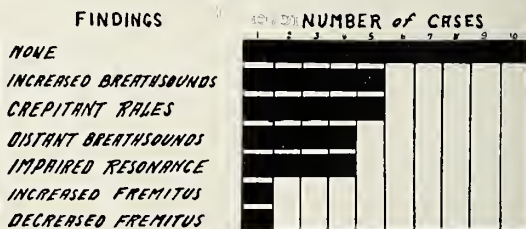


TABLE NO. 4

## PHYSICAL FINDINGS



remaining two sputa examined showed only the usual upper respiratory flora. The Kahn test was normal in the five patients on whom it was performed, and the only electrocardiographic reading made was normal. The urines of all patients were normal.

**Roentgenologic Findings:** The diagnosis in all cases was confirmed roentgenologically, and as other

observers<sup>2,3</sup> have reported, roentgenologic findings frequently lagged two to three days behind the clinical course. Only six patients had involvement of more than one lobe. Twelve had involvement of the left lower lobe, six of the right lower lobe, three of the right middle lobe and two of the right upper lobe (table no. 3). In three there was diffuse bilateral infiltration which Chrysler<sup>4</sup> described as a disseminated focal type. The typical appearance was an infiltrating lesion poorly demarcated, extending from the hilum into the periphery of the involved lobe. In fourteen cases a series of roentgenograms was taken which demonstrated the spread of the distinctive changes from the hilum toward the periphery, as was noted by Dingle and his associates<sup>5</sup>, in 1943. In three cases healing occurred first in the hilum and progressed outward toward the periphery (fig. 2-7). Previous mention of this phenomenon has not come to our attention.

**Complications:** Complications noted included catarrhal otitis media in two patients, pansinusitis, maxillary sinusitis, nasopharyngitis, and pleural effusion each in one patient. These complications were all noted on admission except the two cases of otitis media which appeared on the eighth and twelfth hospital days respectively, and the pleural effusion which was noted in routine roentgenograms on the tenth hospital day.

**Clinical Course:** Seven patients had no fever at

any time while they were hospitalized. These cases were convalescent on admission. The remainder had fever from one to seven days, the mean being 2.5 days. Two patients had a single recrudescence of fever of 99.6 or over, one had two such recrudescences and one had four. The period of hospitalization varied from nine to forty-one days, the mean being 22.8 days. There were no deaths. The observation of the Commission on Acute Respiratory Diseases<sup>6</sup>, that the incidence and severity of the disease in seasoned troops is much lower than in recruits, is borne out in our group which was largely comprised of seasoned troops, and in which the severity was relatively mild compared to those of van Ravensway<sup>3</sup> and the Commission<sup>6</sup>.

**Treatment:** Treatment was symptomatic in sixteen patients and sulfonamides were used in nine, in two of whom they were given for a complicating otitis media with prompt subsidence of the complicating condition. No difference could be noted otherwise in the groups who did and did not receive sulfonamide therapy in the duration of the fever nor in the progress clinically nor roentgenologically.

#### THEORIES OF ETIOLOGY

Following the determination that specific bacteria could not regularly be found in cases of primary atypical pneumonia, Reimann<sup>1</sup> postulated that the disease might be caused by a virus. There is some

Fig 2: Roentgenogram taken on second day of disease. All roentgenograms are of the same patient.

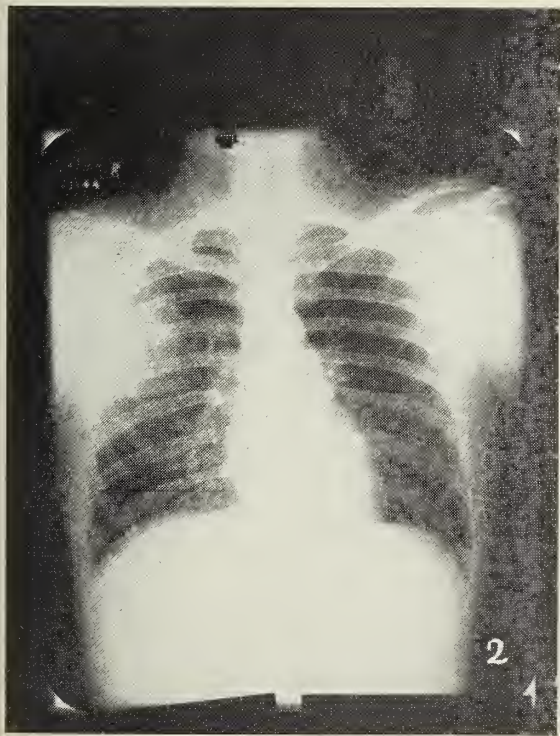
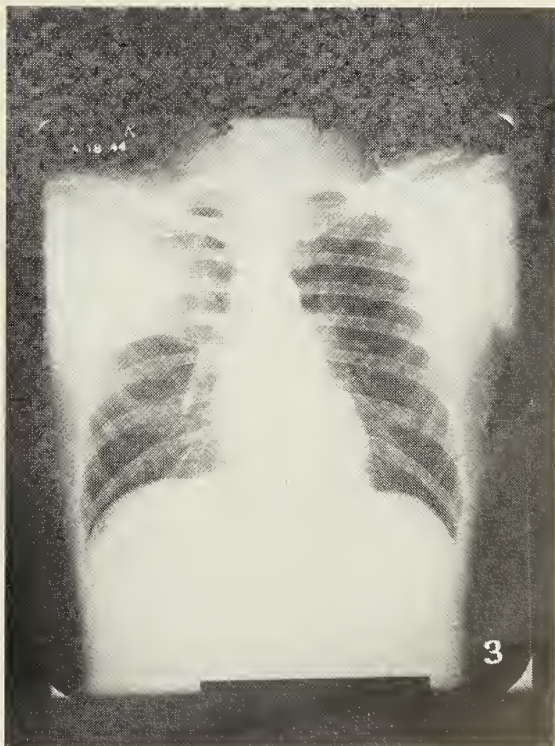


Fig. 3: Roentgenogram taken on ninth day of disease, showing increased infiltration at periphery.



positive evidence to support such a contention. The pathologic lesions are similar to those found in the pulmonary complications of influenza seen in the 1936-37 epidemic in England, and which were shown by Stuart-Harris and his co-workers<sup>7,8</sup> to be due to influenza A virus, first isolated by Smith, Andrewes, and Laidlaw<sup>9</sup>. Psittacosis and ornithosis, proven virus diseases, likewise have similar symptoms, physical signs and roentgenologic and pathologic findings.

Failure of atypical pneumonia to respond to sulfonamides suggests to some observers a virus etiology. Kasich and Cohen<sup>10</sup> considered such failure a diagnostic means of differentiation between primary atypical pneumonia and bacterial pneumonia. While lack of susceptibility to sulfonamides is a typical reaction of many of the virus diseases, such as psittacosis and meningopneumonitis, it is equally true that other virus diseases, such as lymphopathia venereum and trachoma, are quite susceptible to sulfonamides, so that the sulfonamide response cannot be used as a means of differentiating virus diseases from non-virus diseases.

Some workers have reported pathologic findings in primary atypical pneumonia which are suggestive of virus etiology. Cytoplasmic inclusion bodies similar to those found in virus diseases, such as inclusion blenorhea and others, were reported by Adams<sup>11</sup>, but such reports have not been common. Lennette<sup>12</sup>

reports that viruses have been isolated from some patients with primary atypical pneumonia, but that the antigenic reactions of such viruses are not specific. The failure, however, to isolate any virus consistently from cases occurring in large epidemics, in spite of the extensive attempts<sup>2,6</sup> which have been made to do so, is evidence against the virus theory of causation.

Dingle and Finland<sup>13</sup> suggested that the condition is not a single disease entity, but a syndrome caused by any one of several agents, and the multiplicity of etiologic factors which have been suggested supports this theory. The pneumonitis seen in measles appears to differ from primary atypical pneumonia only in degree, and, as has been previously mentioned, psittacosis may cause the same or a similar syndrome. Other etiologic agents such as ornithosis<sup>13,14</sup>, Q fever<sup>15,16</sup>, lymphocytic choriomeningitis<sup>17</sup>, vaccine virus<sup>18,19</sup>, meningopneumonitis<sup>20</sup> and various Rickettsia<sup>21,36</sup>, have been known to cause similar syndromes in men and experimental animals. The Commission on Acute Respiratory Diseases reporting on two epidemics<sup>6,22</sup>, observed a close epidemiologic association between upper respiratory disease and atypical pneumonia. The ratio of respiratory disease admissions to that of atypical pneumonia was approximately ten to one at all times. A concomitant epidemic of German measles showed no such parallel ratio. Van Ravensway and his associates<sup>3</sup> observed

Fig. 4: Roentgenogram taken on fifteenth day of disease, showing beginning healing at hilum.

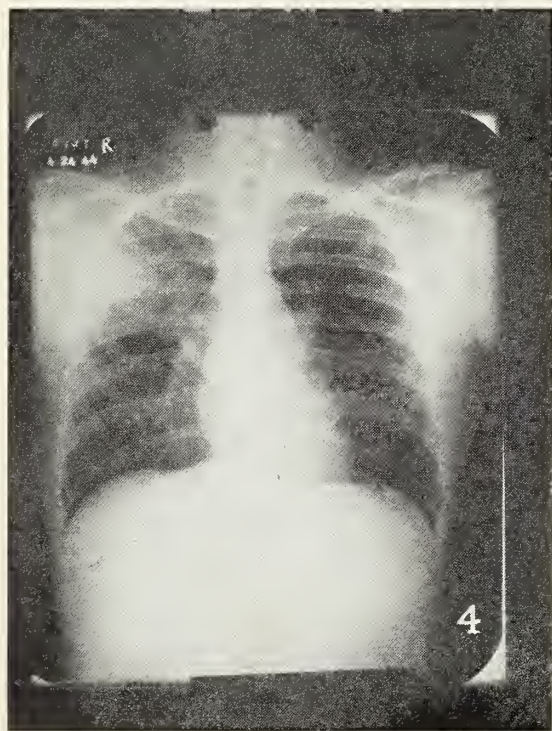
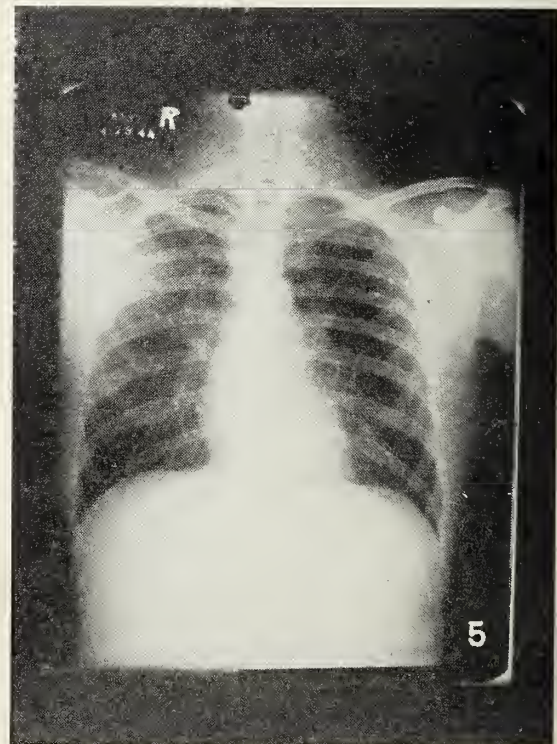


Fig. 5: Roentgenogram taken on twentieth day showing spread of healing toward periphery.



that the incidence of atypical pneumonia in patients hospitalized with upper respiratory infections alone was not increased by prolonged exposure to primary atypical pneumonia; this observation supports the hypothesis<sup>23,24</sup> that primary atypical pneumonia is a more extensive manifestation of the same etiologic agent which produces upper respiratory infections. Wolfson<sup>25</sup> states that primary atypical pneumonia "is only one manifestation of many in patients suffering from an infection from a common causative agent, with some of the patients never manifesting a pneumonia." Francis<sup>26</sup> suggested that the etiologic agent of atypical pneumonia should be sought in a parent disease rather than in the pneumonia itself.

It is possible that primary atypical pneumonia is not a primary pulmonary infection, but a complication of another condition, the primary condition being a toxemia possibly of virus etiology, which causes an upper respiratory tract infection in some individuals and in others a systemic debility which is the early stage of a primary atypical pneumonitis. The symptoms in this toxic stage are malaise, headache and weakness, with a leukopenia and normal physical and roentgenological chest findings. This stage corresponds to the syndrome commonly designated influenza, and may be the only manifestation in most people infected by the etiologic agent. In some individuals there occurs a second stage characterized by invasion of the lung, beginning with a

bronchiolitis and interstitial pneumonitis, which, if sufficiently severe, may be followed by local atelectasis with invasion of the alveoli by monocytes and erythrocytes. In this stage physical examination shows crepitant rales and slight prolongation of the expiratory breath sounds, with occasional impairment of resonance on percussion, and rarely changes in the amount of fremitus. Roentgenologically the infiltrative process is demonstrable at this time. Leukocytosis after several days of illness has been noted by Dingle and Finland<sup>13</sup>, and Campbell and his co-workers<sup>27</sup> noted a rise in temperature within thirty-six hours after hospitalization. In our own cases almost all of the patients who were not convalescent on admission showed a higher temperature on the second hospital day than on the day of admission. A delay of two or three days in the appearance of physical or roentgenographic evidence of pulmonary disease was also noted. Whether the second phase is caused by another etiologic agent, or whether the pulmonary involvement is an extension of the primary process, or a physiologic or allergic response of certain individuals to the same agent, is conjectural. The presence of a second agent seems doubtful and would call for a high degree of coincidence. The absence of intermediate phases argues against simple extension as the cause of the second phase. Either a physiologic or allergic response of individuals who

Fig. 6: Roentgenogram taken on twenty-fifth day showing further spread of healing.

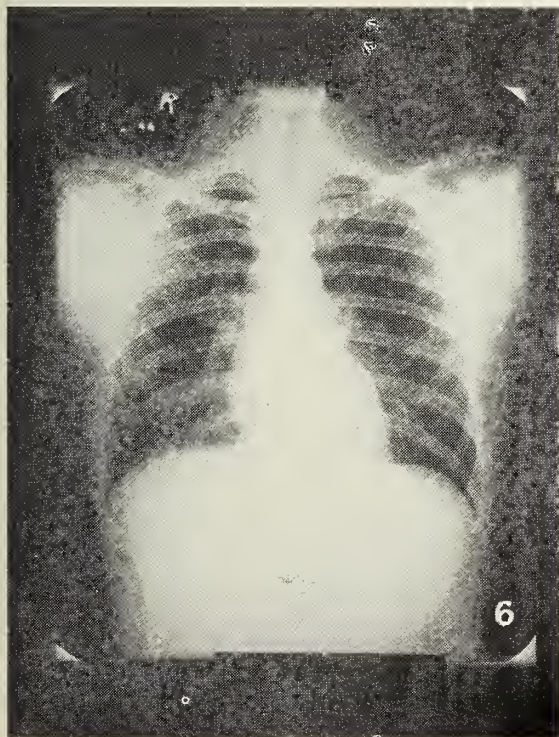
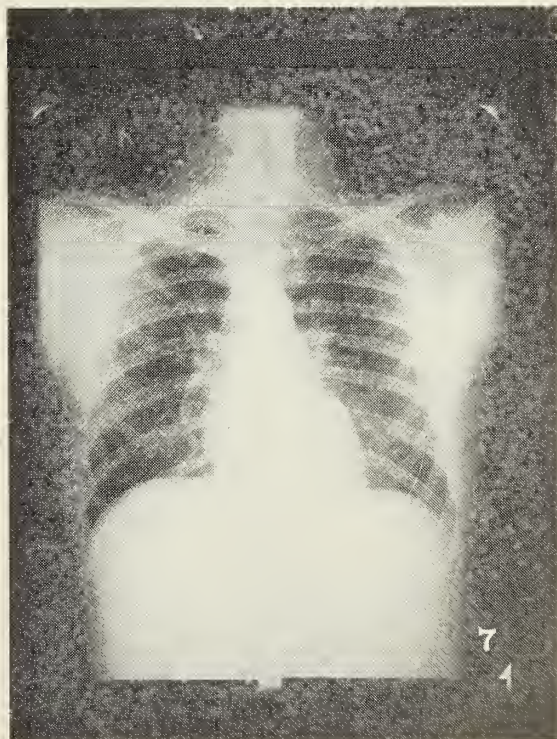


Fig. 7: Roentgenogram taken on thirty-first day showing almost complete healing.



are especially susceptible to the agent seems, therefore, the most likely cause.

#### TREATMENT

The treatment consists of bed rest, ammonium chloride for cough, codeine for severe aching or for intractable cough, high fluid intake, and as full a diet as the patient can tolerate. None of our patients have shown any indication for oxygen therapy, but its use in patients with dyspnoea and cyanosis is indicated. The use of hyperventilation of the lungs three times daily to prevent the occurrence of atelectasis is routine. The sedimentation rate and chest roentgenograms are indices of progress of the case<sup>25</sup>, and their return to normal are indications for termination of bed rest.

We share the general opinion that sulfonamides are of no help unless there exist other indications for their use. Reimann<sup>35</sup> reports that penicillin is, likewise, not beneficial, but as yet sufficient data on its use are not available. Roentgen irradiation has been recommended by Oppenheimer<sup>28</sup>, but he states that over-doses may produce serious reactions. The treatment seems to us unwarrantedly radical for a condition which, in our experience, has been so innocuous.

Convalescent serum, plasma and blood have been used, but Helwig and Freis<sup>29</sup> demonstrated that auto-hemagglutinins, which are known to be present in the blood of patients who have recently recovered from primary atypical pneumonia<sup>30,31,32,33</sup>, may result in acrocyanosis, which possibility would seem to contraindicate its use. Neefe, Miller, and Chornock<sup>34</sup>, in reporting a case of hemologous serum jaundice, suggest that the danger of jaundice should be considered before human blood and its derivatives are used therapeutically. Consideration should also be given to the donor, who, convalescing from a condition in which prolonged asthenia is the rule, can ill afford to contribute 250-500cc. of blood. Finally, the presence of immune bodies in convalescent blood has not been demonstrated and it is possible that the good results which have been reported following the use of convalescent blood may follow transfusions of any blood.

#### SUMMARY

1. The essential features of primary atypical pneumonia are poorly understood.

2. A series of twenty-five cases of primary atypical pneumonia is presented, including a description of an hypothetical typical case, and a review of the symptoms, physical signs, laboratory and roentgenologic findings, complications, clinical course and treatment of the group reported. One feature noted in this group is that healing frequently begins at the hilum and spreads out to the periphery.

3. The virus etiology has not been proven. The condition may be a syndrome caused by more than one etiologic agent. It is probable that there are two stages: one a toxemia, which is the only phase manifested by most people; and the second a bronchiolitis and interstitial pneumonitis, resulting as a physiologic or allergic response of certain individuals to the first phase.

4. Conservatism in the treatment is recommended.

#### REFERENCES

1. Reimann, H. A.; Havens, W. P. & Price, A. H.; Etiology of Atypical ("virus") Pneumonias with a Brief Resume of Recent Discoveries. *Arch. Int. Med.* 70:513-522 (Oct.) 1942.
2. Needles, R. J. & Gilbert, P. D.: Primary Atypical Pneumonia. *Arch. Int. Med.* 73:113-122 (Feb.) 1944.
3. Van Ravensway, A. C.; Erickson, G. C.; Reh, E. P.; Siekierski, J. M.; Pottash, R. R. & Gumbiner, B.: Clinical Aspects of Primary Atypical Pneumonia. *J. A. M. A.* 124:1-6 (Jan.) 1944.
4. Chryslar, W. E.: The Roentgenographic Manifestations of Atypical Pneumonia of Unknown Etiology. *Am. J. Roentgenology* 51:280-291 (Mar.) 1944.
5. Dingle, J. H.; Abernethy, T. J.; Badger, G. F.; Buddingh, G. J.; Feller, A. E.; Langmuir, A. D.; Rueggesser, J. M. & Wood, W. B., Jr.: Primary Atypical Pneumonia, Etiology Unknown. *War Med.* 3:223-248 (Mar.) 1943.
6. U. S. Army, Office of the Surgeon General, Preventive Medicine Service, Board for the Investigation and Control of Influenza and Other Epidemic Diseases, Commission on Acute Respiratory Diseases: Epidemiology of Atypical Pneumonia and Acute Respiratory Disease at Ft. Bragg, North Carolina. *Am. J. Pub. Health* 34:335-346 (Apr.) 1943.
7. Stuart-Harris, C. H.; Andrews, C. H. & Smith, E. A.: Study of Epidemic Influenza, with Special Reference to the 1936-37 Epidemic. Medical Research Council Special Report Series No. 228, London, His Majesty's Stationery Office, 1938.
8. Finland, M. & Dingle, J. H.; Virus Pneumonias. 1. Pneumonias Associated with Known Non-bacterial Agents. Influenza, Psittacosis and Q Fever. *New Engl. J. Med.* 227:342-350 (Aug. 27) 1942.
9. Smith, W.; Andrews, C. H. & Laidlaw, P. P.: A Virus Obtained from Influenza Patients. *Lancet* 2:66-68 (July 8) 1933.
10. Kasich, M. & Cohen, I. S.: Primary Atypical Pneumonia; Clinical Description of Disease, based upon 250 cases. *J. Med. Soc. New Jersey* 40:358-364 (Sept.) 1943.
11. Adams, J. M.: Primary Virus Pneumonia with Cytoplasmic Inclusion Bodies: Study of an Epidemic Involving Thirty-two Infants with Nine Deaths. *J. A. M. A.* 116:925-933 (Mar. 8) 1941.
12. Lennette, E. H.: Recent Advances in Viruses. *Science* 98:415-423 (Nov. 12) 1943.
13. Dingle, J. H. & Finland, M.: Virus Pneumonias II. Primary Atypical Pneumonias of Unknown Etiology. *New Engl. J. Med.* 227:378-385 (Sept. 3) 1942.
14. Meyer, K. F.: The Ecology of Psittacosis and Ornithosis. *Medicine* 21:175-206 (May) 1942.
15. Hornbrook, J. W. & Nelson, K. R.: An Institutional Outbreak of Pneumonitis. 1. Epidemiologic and Clinical Studies. *Pub. Health Rep.* 55:1936-1944 (Oct. 25) 1940.
16. Commission on Acute Respiratory Diseases: Primary Atypical Pneumonia. *Am. J. Pub. Health* 34:347-357 (Apr.) 1944.
17. Smadel, J. E.; Green, R. H.; Paltauf, R. M. & Gonzales, T. A.: Lymphocytic Choriomeningitis: Two Human Fatalities Following an Unusual Febrile Illness. *Proc. Soc. Exper. Biol. & Med.* 49:683-686 (Apr.) 1942.
18. Muckenfuss, R. S.; McCordock, H. A. & Harter, J. S.: A Study of Vaccine Virus Pneumonia in Rabbits. *Am. J. Path.* 8:63-72 (Jan.) 1932.
19. McCordock, H. A. & Muckenfuss, R. S.: The Similarity of Virus Pneumonia in Animals to Epidemic Influenza & Interstitial Broncho Pneumonia in Man. *Am. J. Path.* 9:221-252 (Mar.) 1933.
20. Eaton, D.: Virus Pneumonia: Etiologic Studies. *California and West. Med.* 59:160-162 (Sept.) 1943.
21. McCaught, J. B.: Virus Pneumonia: A Review of Pathology. *California & West. Med.* 59:220-224 (Oct.) 1943.
22. Dingle, J. H.; Abernethy, T. J.; Badger, G. F.; Buddingh, G. J.; Feller, A. E.; Langmuir, A. D.; Rueggesser, J. M. & Wood, W. B., Jr.: Primary Atypical Pneumonia, Etiology Unknown. II. *Am. J. Hyg.* 39:197-268 (Mar.) 1944.
23. Iverson, H. A.: An Epidemic of Acute Respiratory Disease Associated with Atypical Pneumonia. *Bull. Johns Hopkins Hosp.* 72:89-100 (Feb.) 1943.
24. Lusk, F. B. & Lewis, E. K.: Atypical Pneumonia of Unknown Etiology: A Clinical, Roentgenological and Pathological Correlation. *Dis. of Chest* 10:19-40 (Jan.) 1944.
25. Wolfson, S. A.: The Value of the Sedimentation Rate

(Continued on Page 28)

# CANCER EDUCATION FOR THE LAYMAN

C. C. Nesselrode, M.D.

Chairman, Committee on Control of Cancer

*(This is the first of eleven articles that will appear in the Journal during 1945 on the general subject of cancer. All articles have been submitted by the Committee on the Control of Cancer and together will represent a symposium of information available today on this subject. The first is intended to add to your store of information additional material that might be useful in talks on cancer before lay groups. Please note also the Journal of March, 1944, in which appeared an article by J. L. Lattimore, M.D., entitled "Cancer Talks Before Lay Groups.")*

Cancer offers the doctor an ideal subject for talks before lay groups. It is interesting, for you may show that this disorder may affect anyone. It is vital, for all cancers are fatal unless adequate treatment is given early. It is stark tragedy, as 160,000 families in America can recall from last year. And there is humor, of an unearthly kind, in the ruthless swindling practiced by cancer quacks.

Cancer offers everything we need for presenting medicine to the public in a favorable light. Here is a dramatic disease that can be cured if the patient is cooperative. Here is a disease that will not heal without medical intervention. Here is proof, tangible, easily understood evidence, that the science of medicine is advancing.

Besides all that, here is a subject that will be new to the layman. So to assist you in preparing a talk before lay groups, we are offering some anecdotes and statistics which you may wish to use.

## INTRODUCTION

Cancer is a Greek word meaning crab. It was first used to describe a malignant growth by Hippocrates in about 460 B. C. In that day virtually everyone with a cancer died as a result of cancer unless some other cause took his life earlier. That situation prevailed until the last few years.

Statistics show graphically what is happening even today. In 1900 cancer was in tenth place among causes of death in America. In 1910 cancer was in eighth place. Ten years later it had climbed to fourth, and since 1929 it has been second with only heart disorders exacting a greater annual toll of lives.

While it is true that numerous conditions affect this situation, it is also true that the numerical rate has risen. Last year more than 160,000 persons died as a result of cancer in America. If those deaths were all concentrated it would entirely wipe out the

largest city in Kansas, or if divided in the state, one out of ten would be sacrificed.

This comparison may be more impressive. Before Pearl Harbor the United States fought in six wars. Our war experience embraced fifteen years and during that total, fifteen years of man's costliest activity, 247,000 lives were lost. This is equalled by the cancer toll in one and one-half years. Today, one out of every ten deaths is from this cause, and yet half, perhaps three-fourths, of these ten deaths could have been prevented.

Cancer cure depends on surgery, radium or X-ray. To show how recent these developments are, we need only remind our audience that the first adequate anesthetic was given just one hundred years ago, that the first crude X-ray was built in 1895, that radium was discovered in 1898. Lord Lister, who proved the principle of antiseptics, lived until 1912.

A scientist drew a graph on which he compressed the record of man's progress on earth into a span of fifty years. According to his scale, one year represents 10,000 real years. We have therefore known Christianity for two months, the printing press two weeks, and the steam engine one week. The scientific study of cancer began during the last three days and cure became possible just three hours ago.

## WHAT IS CANCER

Scientific descriptions bewilder the lay person. He will be more impressed with a comparison that he can understand even if the analogy is not entirely accurate. He will follow a story built on the following outline. The body is made of cells which multiply by dividing. Various organs and tissues have varying cell structures which the physician can identify with the aid of a microscope. These cells all obey an orderly pattern, dividing until a sufficient size is reached, at which time they stop except for replacing injured or worn cells.

They may be thought of as law-abiding citizens living together in a community. Then suddenly, for reasons that remain obscure, one cell changes in appearance. The doctor can identify this too through the microscope for the cell looks coarse and thick. This cell also divides just as normal cells except that these do not stop dividing. They grow into and through normal barriers and continue dividing until death results.

That is cancer. In contrast to normal cells, these are like gangsters. Like an outlaw, a cancer serves no useful purpose and exists only by theft and murder, destroying the life on which it feeds.

Cancer invades normal organs, interrupts the routine of their existence and finally destroys them. Like the outlaw in real life, cancer must be either destroyed or removed if its activities are to be stopped.

## CANCER CURE

In spite of enormous gains in medical progress and in the doctor's knowledge of cancer, there are still gaps in the scientific story of this disease. For instance, the cause of cancer is not known. In spite of vast quantities of work, in spite of man's ability to cause cancer in animals through the use of chemical irritants and by other means, in spite of seemingly conclusive evidence that all cancers originate in one cell, the actual cause is not yet discovered.

Nor is everything known about cure. In the future, we are confident, radical departures from present medical methods will provide easier and more certain cures. Medicine will continue research in that direction and, when discoveries are made, all doctors will be informed of them. As soon as proven, these cures will be made available.

For the present, however, there are only three ways in which a cancer may be cured. In spite of anything your audience has heard to the contrary, they must be informed that these are positively the only means—X-ray, radium, surgery.

Surgery aims to remove the tumor. If every cancer cell in the body is taken out, then the patient is cured just as certainly as though he never had the disease. If one active cell remains, the cancer will continue to grow.

X-ray and radium kill the cells and achieve similar results. All growing cells must be destroyed if the cure is to be effective. It can readily be understood that an early cancer can be cured more easily than the cancer which has spread over a large area.

Many people ask how X-ray or radium can effect a cure without injuring surrounding normal tissues. The answer is dramatic and may be employed as a feature of your talk. The following illustrations may emphasize it. The plumber who melts lead gets the kettle hot but it is made of metal that is better able to withstand heat than lead. He has learned just what limits apply to this situation and operates within that range.

Similarly, but infinitely more complicated, there is a point at which rapidly growing cells may be destroyed but at which normal cells are only mildly disturbed. This is the range within which the radiologist operates. In the entire field of medicine no procedure is more exacting or more complicated. An error in one direction gives the patient no benefit. In the other, it is highly dangerous.

Therefore, the central theme is that the cancer patient who hopes to live must select a qualified physician. It is not enough that the patient see a doctor early, for the quality of the medical attention is also essential.

## CHARLATANS

There are perhaps more regulations governing the

practice of medicine than for any other field of activity in which man is engaged. Everyone will agree that this is right and will approve the practice whereby many of these are imposed by the profession itself. All this is done to guard the public against fraudulent persons who are not qualified to practice medicine.

Although the utmost vigilance is maintained, racketeers in the name of medicine frequently cause great damage before their illegal work can be halted. This is especially true in the field of cancer because the victim is inclined to be panicky and to grasp at any straw.

Nor can the medical profession blame the public. The charlatan is a master salesman. He commonly sends literature through the mails. These pamphlets warn the unsuspecting recipient that he is almost certain to have a cancer. They ridicule the medical profession and guarantee that their "secret discovery" will cure the disease. The brochure often contains testimonials from satisfied customers.

The truth remains that the satisfied customer did not have a cancer, for if he had he would have been dead. Your audience must be taught the danger of these quacks regardless of what else they receive from your talk. They must know that lives are sacrificed because of such activities and that as long as lay people support charlatans they will continue, even though eventually the individual who sponsors the false cure is placed in prison.

Many authentic stories exist that tell of such practices. The following examples may be amplified and others can be obtained by writing the American Medical Association.

One man advertised a poultice which he guaranteed would cure cancer. Upon examination this was found to consist of limburger cheese. Another used an electric needle to identify the cancer and then treated his patients with an intra-venous injection of virtually nothing more than distilled water. Limburger cheese and distilled water have no power to destroy cancer so the patients of these unqualified and unscrupulous persons are either dead or whatever difficulty they had was not cancer.

Regardless of what your audience may have heard to the contrary, they must be made to know that cancer cannot be cured unless the cells are either removed or destroyed and that this cannot be accomplished except by X-ray, radium or surgery or by any combination of these. There is no other cure.

## MEDICINE'S RECORD

Competent physicians can cure cancer today, and you may find members of the Cured Cancer Club of America everywhere. This organization requires that the applicant had a malignancy as proved by a

(Continued on Page 16)

## TUBERCULOSIS CONTROL

### THE TREATMENT OF THE TUBERCULOUS WOMAN DURING PREGNANCY

Pregnancy was advised at one period as a preventive or curative measure. Later the opposite course was advocated and therapeutic abortions were advised in all cases where the pregnancy was discovered before the fifth month.

Gradually the treatment of tuberculosis has become an attempt to control the tuberculous process itself. In this change of emphasis the necessity of aborting the pregnant tuberculous woman came to be questioned. Most of the adverse reports on the effect of pregnancy on tuberculosis come from obstetricians who compared the normal pregnant woman with the tuberculous pregnant woman. Pregnancy itself is a normal physiological process and normally not harmful. Tuberculosis is an infectious disease which annually kills thousands of women of child-bearing age even though pregnancy does not exist. A study of tuberculous women, both pregnant and non-pregnant, was undertaken directing the main effort of therapy against the diseased process rather than against the normal physiological process to the end that the tuberculous pregnant woman could go to full term without interfering with her recovery from tuberculosis.

The woman with active tuberculosis should have bed rest plus such additional methods of treatment as pneumothorax and other collapse therapy which would be used if pregnancy were not present. Following labor more intensive treatment may be indicated to prevent a spread of the disease. Therapeutic abortion should be done only if a condition is found, other than the tuberculosis, to warrant it.

The arrested case of tuberculosis who becomes pregnant after leaving the sanatorium should receive more careful prenatal care than if tuberculosis did not exist. Many return to the sanatorium for care. Treatment varies with the condition. In general they receive modified bed rest for two or three months prior to delivery and strict bed rest for a month or six weeks following delivery. They are then allowed some activity and sent home when their babies are about three months old. The babies are isolated in the nursery until this time. Results in a series of cases extending over a nineteen-year period show that among ninety-two pregnant women who were studied twenty-one per cent died, while among 2,230 women of the same age group discharged for the

first time from the sanatorium there were 837 deaths or thirty-nine per cent. The group is too small for definite conclusions but it does seem to indicate that when tuberculosis is properly treated pregnancy does not adversely affect it. The higher death rate in the non-pregnant group is unexplained.

Treatment of the pregnant woman with tuberculosis by the most modern means of combating the disease, together with equally modern prenatal care, apparently offers her as good a chance for recovery from her tuberculosis as though pregnancy did not exist.—The Treatment of the Tuberculous Woman During Pregnancy, E. S. Mariette, M.D., Leonard M. Larson, M.D., J. C. Litzenberg, M.D. American Journal of the Medical Sciences, June, 1942.

---

### PHYSICIANS NEEDED BY NAVY

Information regarding the serious need for physicians in the Navy has been received by Dr. F. L. Loveland, Topeka, chairman of the Kansas Procurement and Assignment Service, who reports that the Navy needs three thousand medical officers as soon as they can be commissioned. Although this number of physicians would not satisfy the demand, it would ease the existing emergency.

The Army has discontinued the commissioning of physicians direct from civilian life, but this action has not increased procurement by the Navy since the number of physicians commissioned weekly from civilian life in the U. S. Naval Reserve has decreased 43 per cent since the end of October. All state directors of procurement have been asked to make a survey immediately to furnish names of all available physicians.

---

### CONFERENCE ON REHABILITATION

A midwest conference on rehabilitation, under the sponsorship of the Institute of Medicine of Chicago, will be held in the grand ball room of the Drake hotel, Chicago, on Monday, February 12. The program will include discussion of the relationship of the local community to the veterans' federal and state rehabilitation programs, role of industry in rehabilitation, employability of the handicapped, and development of local rehabilitation centers. Programs and registration cards may be obtained from the Institute, 86 East Randolph Street, Chicago 1.

---

### RADIOLOGISTS' MEETING CANCELLED

The annual meeting of the American College of Radiology which was to have been held in Chicago in February has been postponed because of the lack of adequate hotel accommodations. Instead, there will be a conference of teachers of clinical radiology and a panel discussion, arranged by the commission on hospital standards, on February 9 and 10.

---

### TO STUDY MEDICAL SERVICE PLANS

The National Conference on Medical Service Plans will meet in Chicago on Sunday, February 11. The Annual Congress of Medical Education and Licensure will be held on February 12.

## *President's Page*

To the Members of the Kansas Medical Society:

The year 1944 now has been buried in the pages of history. We are starting 1945 with a clean slate. At this time we are wondering what the new year will produce. What it brings forth for our Society depends on every member and not alone on the officers and councilors. We hope all of you will keep the interests of the Society well in mind and help us to have a bigger and better year in 1945 than we have ever had before.

Let us all hope that before the end of the year, many members who now are in the armed forces will be back in civilian practice again.

A happy new year to you all.

Yours very truly,

A handwritten signature in cursive script that reads "M. Trueheart, M.D." The signature is fluid and elegant, with the letters connected in a continuous line.

M. Trueheart, M.D., President

## EDITORIALS

### QUO VADIS?

The Council on Medical Service and Public Relations of the American Medical Association outlined the basic needs that must be met before adequate medical care can be supplied to everyone. The findings are summarized below.

Economically, there are four groups of people in the United States. Only the wealthy and the indigent groups have protection against the cost of medical care. The two categories in the middle, those who can meet all but extraordinary expenses and those who have funds only for daily essentials, are financially distressed when medical and hospital care is required. Voluntary insurance plans are recommended to solve their problem.

The Council also recognizes that adequate facilities for medical care must be provided and a more equitable distribution of physicians is necessary.

And finally there is reiterated the seventy-year old plea of the American Medical Association that a department of health be established in the President's cabinet.

The Council cleared a vast amount of debris and wreckage that has been scattered about. It discarded an accumulation of waste even though the prejudice of radicals and reactionaries was encountered at all points. It ignored theorists and explored the problem to its bare essentials. The Council is swinging into action.

Now what? Grasping a bear by the tail does not necessarily direct its course. The Council offers suggestions but this section of the report, unlike the diagnosis, is weak. It advises there shall be adequate personnel and facilities for medical care; there shall be sound financial arrangements to cover the cost, and the public shall be educated to make intelligent use of available services.

The report goes further, but here we suspect that the Council is seeking refuge and not directing any more. To say that public health and medical services shall be consistent with the American system of democracy evades the issue, for presumably tax supported education is consistent with American democracy. To request that proof of need be shown before federal money is spent for the prevention of disease, the promotion of health and the care of the sick is a waste of breath, for what federal program, including the E. M. I. C., is not fostered on that basis? To declare that public health and medical care is primarily a local problem places medicine at the mercy of exponents of socialized medicine for they attempt to prove nothing except that these things have been

neglected at the local level.

And to say that all changes shall be accomplished under a voluntary system is wishful thinking, for if motivation does not arise from one direction it will from the other. It is comforting to hear ourselves say that these things shall be so, but unfortunately not everyone agrees with us. Unfortunately also is the fact that those who disagree are laying plans not for themselves alone but also for us. They have determined to show us the path we will take.

Proponents of socialized schemes have their organization planned and are pausing to mobilize strength to place these into effect. Medicine, on the other hand, has united only in opposition. Doctors, for the most part, have expressed resentment without developing a forthright policy. We have failed to offer a constructive program of our own.

The Council on Medical Service has made a courageous beginning. It is not an easy task to strip this subject of sentiment, and the Council is to be commended for its accomplishments. We fervently hope that future efforts will be governed by similar standards and that directional guides will be the result.

We hope this issue becomes crystallized. Demarcations should be drawn clearly and with vigor so that the layman may make an intelligent selection.

We hope the program is uncompromising. It should solve this problem in a positive way, giving the layman protection but retaining for the profession the dignity and the independence and the versatility it has enjoyed in the past.

We hope that physicians everywhere will enter this contest, wresting the initiative of public instruction from dreamers and professional propagandists; gaining a voice in local planning for hospital construction; cooperating in programs to provide more adequate medical care.

But that is trite, for every doctor agrees and the question remains unanswered. We have paused to reflect that our course is being altered against our wishes. Agreement has been reached on where we are going. We have, however, only platitudes with which to describe the course we wish to select. And it is still true, but later than before, that if we fail to provide the answer, the answer will be provided for us.

### POST GRADUATE FUND

Contributions to the post graduate fund are reaching the executive office daily in the form of checks and bonds. We wish to credit every contributor to the fund, and have mailed receipts to all whose subscriptions have been received. Please advise the office immediately if you have sent a check or bond which has not yet been acknowledged.

## MEDICAL REFERENCE LIBRARY

The Journal of the Kansas Medical Society regularly receives more than one hundred scientific publications concerning medicine or allied topics. Included are journals from other state societies, from medical schools, and clinics. They come from as far away as England, Mexico, and India. Many publications are of general interest, and others deal with definite topics such as dentistry, hospital management, navy medicine, public health, and the various medical specialties.

The editorial board, aware that space prohibits establishing a library at the executive offices, has offered these publications to the School of Medicine at Kansas University. In this way we contribute toward the formation of an adequate medical library in this state.

H. R. Wahl, M. D., dean of the School of Medicine, in a recent letter informed that there is available at Kansas City a large medical library. The school subscribes to many periodicals and, with the large group sent by the Journal, their reference material is extensive enough to meet most requests.

Dean Wahl wishes to make this library serve the greatest possible benefit so offers to lend periodicals to the members of the Kansas Medical Society. If you wish reference material out of periodicals, write the library at the School of Medicine and these will be forwarded promptly. Experienced librarians will find your material and send it on the day your request is received.

Believing that some doctors are not aware of this resource, we repeat the announcement and invite you again to use it whenever you wish material that is not contained in your own library. This service is sponsored jointly by your Society and the School of Medicine at your state university.

---

## ANNUAL DUES

A new year has begun and once more state society dues are payable. These remain as they were last year and, as always, are to be paid to your county society. The secretary forwards your money to the executive office together with the membership report.

May we remind county secretaries again that checks received for dues are endorsed for deposit only. Delays arise if money for other purposes is included in this check because it necessitates returning the check for correction.

According to the constitution, each component society shall make a report and submit dues before February first, unless authorized by the president to wait until April first. After that date unpaid members are suspended from Society activities until such time as the dues are paid. A member remaining in

arrears for a full year, or through the following December 31, shall lose his membership and shall not be entitled to reinstatement except upon formal action by his component society and the payment of dues accumulated at that time. Special provisions are allowed to meet unusual circumstances but the above, in general, are the regulations under which the Society operates.

Last year the Society experienced an almost perfect record. Of a total membership consisting of more than 1500 doctors, only 11 are not paid at the close of the year. There are 1162 members, active and honorary, in the state and more than 370 members in the service. Included among service men are only those doctors who were practicing in Kansas prior to their entrance into the armed forces, and of course their dues are cancelled. Not included in the figure are about 150 Kansas doctors who entered service directly after graduation or internship.

Beginning a year ago, each state society sends monthly membership reports to the American Medical Association. After April first all unpaid members are dropped from the membership roster of the A. M. A., and if the practice of last year continues such members will receive a notice of suspension by the A. M. A. This serves to correct errors that may have been made, and of course the executive office will gladly welcome inquiry if our accounts are not in accord with your own.

---

## COLLEGE APPROVES 3,152 HOSPITALS

The American College of Surgeons has announced that 3,152 hospitals in the United States and Canada are included in the list approved for 1944, representing 80.6 per cent of the 3,911 hospitals included in the survey, all units of 25 beds or more. The first annual survey in 1918 included 692 hospitals of 100 beds or more, and of that number only 89 merited approval.

---

## CHANGE HOSPITAL HEADS

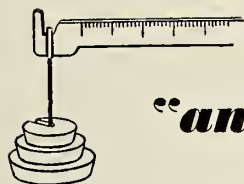
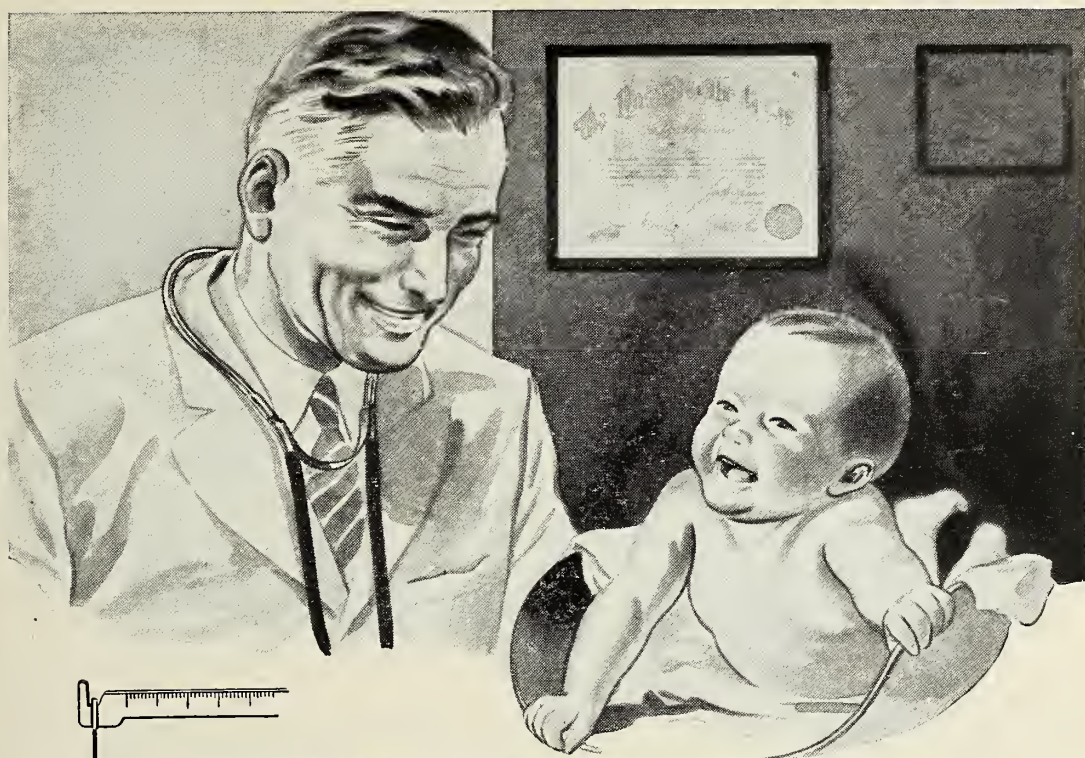
Three changes in the personnel of state charitable institutions were made January 1, according to announcement made recently by Governor Schoeppel. Appointments were made by the board of social welfare with the governor's approval.

Dr. J. T. Naramore, who has been superintendent of the state hospital for epileptics at Parsons for many years, became head of the state hospital at Larned, succeeding Dr. John A. Dillon, superintendent there for the past 17 years, who retired because of poor health.

Col. Charles F. Davis, retired Army medical officer, took over Dr. Naramore's former duties at Parsons. Col. Davis, a native Kansan who formerly lived in Kansas City, Kansas, has been in the Army medical corps for 30 years and has supervised hospitals most of that time.

---

Accidents killed 94,500 persons in the United States during 1943, and injured 9,700,000, according to an announcement made by the National Safety Council.



***"another three ounces –  
just right, young man"***



*Easily calculated... Quickly prepared. 1 fl. oz. Biolac to 1½ fl. oz. water per pound of body weight.*

...A familiar statement by physicians prescribing Biolac for infants deprived of human milk.

The protein level of Biolac assures an adequate supply for growth and health, with small, soft curds. The adjusted milk fat facilitates digestion and assimilation with greater freedom from "fat upsets"; and the ample lactose content assures a soft natural stool formation. The adequate proportions of lactose, iron, and vitamins A, B<sub>1</sub>, B<sub>2</sub> and D eliminate the need for time-consuming calculations of extra formula ingredients. Indeed, Biolac (supplemented with vitamin C) provides *completely* for infant nutritional requirements throughout the bottle period.

BORDEN PRESCRIPTION PRODUCTS DIVISION  
350 MADISON AVENUE • NEW YORK, 17, N. Y.

*Biolac is a liquid modified milk, prepared from whole and skim milk, with added lactose, and fortified with vitamin B<sub>1</sub>, concentrate of vitamins A and D from cod liver oil, and iron. Evaporated, homogenized, and sterilized, vitamin C supplementation only is necessary. Biolac is available in 13 fl. oz. cans at all drug stores.*



# Biolac

**— "BABY TALK" FOR A GOOD SQUARE MEAL**

## EXECUTIVE OFFICE

During December several county societies learned that they were declared taxable organizations. In an attempt to coordinate all information on this subject, your society collected material from each society which is now being reviewed by our attorney. An opinion from the Department of Internal Revenue will shortly clarify the issue and explain what activities a medical society may engage in and what types of income may be allowed without jeopardizing its status as a scientific body.

On December 8 spent the day with Doctors Truehart and Beelman in Wichita where the doctors spoke impressively on cancer to a lay audience.

On December 12 the Editorial Board of the Journal met to plan for the coming year. They hope to advance the date of publication so you will receive your copy earlier in the month. They decided that one scientific article on cancer shall be published each month during 1945 except for the annual convention number. And they will welcome scientific papers for publication from members at any time.

On the day following the Nurses' Board met in Topeka. Dr. Hassig invited your secretary to attend. Heard representatives of the Menninger Clinic tell of plans for instituting a training program for cadet nurses.

Twenty Topeka doctors met on December 14 to volunteer their services as hosts during the coming three months in behalf of the Kansas Medical Society. We are grateful for their interest and know that a highly valuable service will be given.

On December 17 there were two meetings. Several doctors and part of the staff attended a regional meeting of the AMA Council on Medical Service and Public Relations held at Kansas City. Discussions included pre-paid medical insurance and other topics.

The Council met with the Statute Research Committee in Salina, at which time bills of medical interest were discussed. For instance, approval was given the request by the University of Kansas for an appropriation of about \$450,000. This, if favorably decided by the legislature, will be for the benefit of the School of Medicine, establishing chairs of public health, pediatrics and psychiatry, for building improvements and for inaugurating a graduate school.

The proposal that the State Board of Health establish a division of Cancer Control was approved. This, if passed by the legislature, will interest the health department in cancer to the extent of education and research.

The possibility that a uniform narcotic act will be introduced brought up the fear that undesirable amendments may change the act.

The Medical Economics Committee will submit an enabling act which, when passed, will place the Kansas Physicians' Service into operation. This was approved by the Council.

Much other business was attended to. One item we wish to bring to your attention. Dr. H. H. Jones, chairman of the Post Graduate Committee, reported on his work. The Council decided that for the present funds may be received, but no withdrawals can be made until further action is taken by the Council. There was a hint that the House of Delegates would be asked for a decision.

## STATE MEETING — 1945

The 86th annual session of the Kansas Medical Society will be held on Wednesday and Thursday, May 16 and 17, in the Forum at Wichita.

The Sedgwick County Society has appointed Dr. J. L. Kleinheksel chairman of all arrangements, and his committees have been active in preparing this session to be outstanding among all the meetings in the past.

Tentative arrangements have been made for a panel of speakers. Many subjects will be included in both the general sessions and the EENT section, but distinctive will be the fact that papers will be correlated to comprise a unit. Roundtable luncheons and regularly scheduled discussion periods are to be part of the scientific program.

Commercial exhibitors will be present to visit with you. It is the committee's belief that booths of bergundy velour and chrome standards will be distinctive and remembered for their beauty.

This year will mark the appearance of more scientific exhibits than ever before. Negotiations are in progress to acquire material ordinarily shown only at national conferences. Exhibits will be loaned by hospitals, by clinics, and by doctors from other states as well as those from Kansas. The State Board of Health will have in operation a 35 mm. photo-roentgen unit to take chest X-rays of all doctors who care to visit. Members will be present to answer questions on the EMIC program, revised quarantine regulations, and other topics.

Included in the scientific section will be exhibits of interest by the armed forces and, operating on a published schedule, will be a movie room offering visual presentations of medical and surgical techniques.

The annual banquet will be held on Wednesday evening, May 16, in the roof garden of the Broadview hotel. Entertainment and a speaker of national prominence will provide the program.

The 86th annual session will be complete with scientific material and entertainment. We believe you will enjoy this occasion and that you will want to attend. We wish to warn you that the hotel situation in Wichita is especially critical and rooms probably cannot be obtained unless reserved well in advance.

The committee has contracted for enough rooms to accommodate everyone, but to handle this difficult situation your cooperation is requested. *Please note carefully*—if you want hotel accommodations. Write Dr. B. P. Meeker, in care of the Sedgwick County Medical Society, 1003 Schweiter Building, Wichita 2, Kansas. In your request state the number in your party and the dates for which the room is needed. This committee will make your assignment and confirmation will be sent you directly.

The committee regrets that your selection of an individual hotel will not always be possible, but accommodations can be provided if you will write in now for a reservation. This fore-sight will avoid for you the inevitable delays and confusion that accompany last minute attempts to find a place to stay.

## RECOGNITION FOR DDT RESEARCH

Geigy Company, Inc., New York dyestuff house, has received a cable from Switzerland announcing that Basle university has conferred the honorary degree of Doctor of Medicine upon Paul Laeuger, technical director of J. R. Geigy, the Swiss parent organization, which brought out the insecticidal properties of DDT. The award was made for his work in Gesarol, Neocid and other DDT compounds.



## IN THE SHORTENING OF *Convalescence*

More than so-called tonics and restoratives, Ovaltine can be of material aid in shortening the period required for the return of strength and vigor following recovery from infectious or prolonged illnesses. During the acute stages of febrile diseases, when the patient's nutritional intake is low, while requirements are higher than normal, many metabolic deficits are developed. These can be made good only by a high intake of essential nutrients during the recovery period,

for only after these nutritional deficits are wiped out can former strength and well-being return.

Ovaltine offers many advantages as a nutritional supplement to the diet of convalescence. This delicious food drink is rich in needed minerals, vitamins, and biologically adequate proteins. Its appealing taste invites consumption of three or more glassfuls daily. Its notably low curd tension encourages rapid gastric emptying, an important factor in maintaining good appetite.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



## *Ovaltine*

Three daily servings of Ovaltine, each made of ½ oz. Ovaltine and 8 oz. of whole milk,\* provide:

PROTEIN . . . . .	31.2 Gm.	VITAMIN A . . . . .	2953 I.U.
CARBOHYDRATE . . . . .	62.43 Gm.	VITAMIN D . . . . .	480 I.U.
FAT . . . . .	29.34 Gm.	THIAMINE . . . . .	1.296 mg.
CALCIUM . . . . .	1.104 Gm.	RIBOFLAVIN . . . . .	1.278 mg.
PHOSPHORUS . . . . .	.903 Gm.	NIACIN . . . . .	7.0 mg.
IRON . . . . .	11.94 mg.	COPPER . . . . .	.5 mg.

\*Based on average reported values for milk.

**CANCER EDUCATION FOR THE LAYMAN**

(Continued from Page 8)

biopsy and that he is symptom-free five years after treatment. Today there are thousands of members in this exclusive club, and thousands more who would be dead except for medical intervention will join each year in the future.

Statistics record the success of the medical profession and have frequently been published elsewhere. It is generally estimated that from half to three-fourths of all cancer deaths are unnecessary. Some early types of cancer are curable in ninety per cent of the cases. A doctor once said that no beautiful woman will ever die of skin cancer. The moral is obvious enough that everyone will understand it, and the element of flattery is sufficiently strong to make the statement appealing. At the same time you are once more emphasizing the importance of early treatment.

If everyone would seek early care from a competent doctor, the medical profession could save more than one thousand persons each year who now die of cancer. And this represents only our state. The national figure would approximate 80,000 lives saved each year.

The doctor can achieve these results only if the patient comes early and that requires lay understanding, so in the final analysis reduction of the mortality rate depends on the public.

**THE AMERICAN CANCER SOCIETY**

In America there is an organization vitally interested in this phase of the work. You may recall it

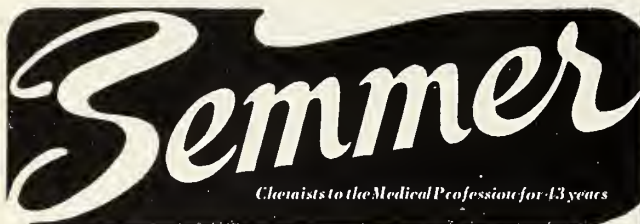
under a different title for the name has recently been changed to the American Cancer Society. Under the auspices and the direction of this group there is active in each state the Women's Division (formerly known as the Women's Field Army).

It is the aim of this organization to inform everyone about this disease. There are hundreds of women all over the state contributing many hours of their time, without remuneration. Meetings are held in many places to inform the public that cancer can be cured.

The American Cancer Society is now beginning a new educational campaign in addition to the work that has been carried on in the past. They are going to the schools with this message to prepare children against the needless sacrifices we are experiencing today. And even that is only a beginning.

Research will continue until more is learned about cancer. The doctor in the future will cure even a larger percent than is possible at this time. So the donation the layman gives to this work represents more than a cash outlay to a benevolent organization. It represents the saving of lives, and quite possibly the life of the donor himself.

We believe that the appeal for money usually made at these meetings need not be made by the doctor. The women sponsoring the occasion will care for that, but if you wish to assist they will welcome it. For instance, you might call attention to the highly worthwhile donations in vast amounts to aid poliomyelitis victims. This is very good and certainly not to be discouraged, but deaths from cancer each year are more than ten times the number of cases of poliomyelitis reported even during the worst

**PRESCRIBE or DISPENSE  
ZEMMER PHARMACEUTICALS**

Tablets, Lozenges, Ampoules, Capsules, Ointments, etc.  
Guaranteed reliable potency. We manufacture a complete  
line. Write for catalogue, KA 1-45

**THE ZEMMER COMPANY**  
Oakland Station, Pittsburgh 13, Pa.

**ALCOHOL—MORPHINE—BARBITAL**

**ADDICTIONS** Successfully Treated Since 1897—  
Founded by B. B. Ralph, M.D.



*Write for description booklet*

**The Ralph Sanitarium**

529 Highland Ave.

Kansas City, Mo.

Telephone—Victor 4850

Registered by the Council on Medical Education and Hospitals  
of the A. M. A.

## *Post-Surgical Starvation*

with its wastage of body tissues, especially tissue and plasma protein, "begins almost at once after protein is omitted from the diet." Hence it is recommended\* that meat and other protein foods be added to the diet as soon as possible after surgery. Meat is not only rich in protein, but its protein is of highest quality, able to meet every protein need.

\*"Surgeons are accustomed to attribute most of the postoperative weakness or asthenia to the operative procedure without realizing that much of it may actually be due to starvation, particularly deprivation of protein . . . the fall in plasma albumin begins with the very onset of a protein deficient diet . . . Solid food, as eggs and meat, should be added as soon as possible. Most postoperative patients can eat food much earlier than they are usually permitted to." Elman, R.: *Acute Starvation Following Operation or Injury: With Special Reference to Caloric and Protein Needs*, Ann. Surg. 120:350-361 (Sept.) 1944.



The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

**A M E R I C A N   M E A T   I N S T I T U T E**  
MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

epidemics. Comparing deaths from the two causes brings the illustration into clearer focus.

#### CONCLUSION

There will be persons in your audience who believe cancer to be contagious, or caused by aluminum cook-ware, etc. There will be many who have no conception as to symptoms or preventive measures. Each cancer talk before lay groups should answer those elementary questions. It should offer information on the different types of cancer and certainly should point out that not all tumors are malignant. We have learned that pictures, the before and after variety, add greatly to the effectiveness of any presentation.

If we can spare the time for this service, we will not only save lives but will perform immeasurable service to the profession under the title of public relations. And, naturally, each doctor should prepare the topic as he believes best. The only purpose of this article is to offer you a group of illustrations to be used in any way you wish.

#### INFANTILE PARALYSIS

The national fight against infantile paralysis gains new impetus during the month of January when country-wide publicity is given the fund-raising campaign high-

lighted by the March of Dimes. In addition to the need for money, the National Foundation for Infantile Paralysis stresses the acute shortage of doctors, physical therapists, and professional personnel.

Almost \$7,000,000 has been expended thus far by the foundation for grants in research, epidemic aid, and education, and that amount is, of course, in addition to the sums spent by individual chapters in rendering immediate and direct aid to those stricken.

During the 1944 epidemic, with nearly 19,000 cases reported up to December 15, vital hospital facilities were created almost overnight; personnel, supplies, and equipment were rushed to epidemic areas with rapidity because the network of chapters over the nation was ready for the attack. The all-time record was in 1916 when there were 27,621 cases.

The 1944 epidemic of infantile paralysis has officially become the second worst in the recorded history of the disease in the United States, it was announced recently by Basil O'Connor, president of the National Foundation.

At the same time, Mr. O'Connor stressed the need for more skilled polio fighters, especially physical therapists, and urged that men and women who have the proper qualifications make applications for scholarships offered by the national foundation and its chapters.

"The 1944 outbreak has tested not only the resources of the national foundation and its chapters, but also those of the nation," he said. "The national foundation's greatest problems were in obtaining sufficient doctors, physical therapists and professional personnel to cope with nearly simultaneous outbreaks in widely sepa-

## OCTOFOLLIN

has been the name employed to designate the brand of

## BENZESTROL

marketed by Schieffelin & Co. Benzestrol has been recognized as the generic name for 2, 4-di(p-hydroxyphenyl)-3-ethyl hexane by the Council on Pharmacy and Chemistry of the American Medical Association. It has been decided to discontinue the use of the name Octofollin and hereafter the product will be known and labelled Schieffelin Benzestrol . . .

# Schieffelin BENZESTROL

This fine synthetic estrogen is supplied in the same strengths and sizes as formerly, namely

#### **BENZESTROL Tablets:**

0.5, 1.0, 2.0, 5.0 mg. Bottles 50, 100 and 1,000.

#### **BENZESTROL Solution:**

5.0 mg. per cc, in 10cc rubber capped, multiple dose vials.

#### **BENZESTROL Vaginal Tablets:**

0.5 mg. bottles of 100.

## Schieffelin & Co.

Pharmaceutical and Research Laboratories  
20 COOPER SQUARE • NEW YORK 3, N.Y.



**MODERN • SIMPLE • SAFE • ETHICAL**

*It gives uniformly good results*

• A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cows milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, coconut oil, corn oil, and fish liver oil concentrate.

One level tablespoonful of the Similac powder added to each *two* ounces of water makes 2 fluid ounces of Similac. The caloric value of the mixture is approximately 20 calories per fluid ounce.



★ ★ **SIMILAC** } **SIMILAR TO BREAST MILK** ★ ★

M & R DIETETIC LABORATORIES, INC. • COLUMBUS 16, OHIO

rated sections of the south, the east and the middle west. Seven skilled polio doctors, 65 physical therapists and nearly 10 tons of wool for use in hot pack treatments were rushed to stricken areas by the national foundation. All 26 respirators owned by the national foundation are still in use in epidemic areas. At the request of the national foundation, the American Red Cross recruited more than 700 nurses from all parts of the country to staff regular and emergency hospitals."

The seven states most severely menaced were New York, North Carolina, Pennsylvania, New Jersey, Virginia, Ohio and Kentucky, but emergency aid in the form of money, professional personnel and supplies has been sent this year by the national foundation to twenty-one states and the District of Columbia.

"Although the national foundation and its chapters have trained many physical therapists in the modern principles of treating infantile paralysis, many more technicians are still needed for this present fight," said Mr. O'Connor. The national foundation, through its scholarships in accredited schools of physical therapy, has been and still is seeking to enlarge this first line defense.

"These scholarships sponsored by the national foundation are available to graduate nurses, graduates in physical education or those with a minimum of two years undergraduate college work with science courses. Such applications may be made through the national foundation or to The American Physiotherapy association, 1790 Broadway, New York 19, N. Y.

"The field of physical medicine is expanding rapidly and this is an opportunity for men and women to enter an interesting, lucrative profession with a chance of performing a humane service."

Mr. O'Connor has announced that the state chairman

## ORTHOGON LENSES

Meet professional standards of  
Quality and Performance—Satisfy  
Patient requirements for greater  
comfort.

## QUINTON-DUFFENS OPTICAL COMPANY

*Your Local Independent Wholesaler*

TOPEKA

HUTCHINSON  
KANSAS

SALINA

★ BUY AN EXTRA BOND ★

ACCIDENT

HOSPITAL

SICKNESS



# INSURANCE



For Physicians—Surgeons—Dentists  
Exclusively

**\$5,000.00 accidental death** For **\$32.00**  
\$25.00 weekly indemnity, accident and sickness per year

**\$10,000.00 accidental death** For **\$64.00**  
\$50.00 weekly indemnity, accident and sickness per year

**\$15,000.00 accidental death** For **\$96.00**  
\$75.00 weekly indemnity, accident and sickness per year

**ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN**

*42 years under the same management*

**\$2,600,000.00 Invested Assets**

**\$12,000,000.00 Paid for Claims**

*\$200,000.00 deposited with State of Nebraska for protection of our members.*

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

86c out of each \$1.00 gross income used for members' benefit

**Physicians Casualty Association  
Physicians Health Association**

**400 First National Bank Bldg., Omaha 2, Nebr.**

## Cook County

## Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)

Incorporated not for profit

### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting January 15, 1945, and every two weeks during the year.

**GYNECOLOGY**—Two Weeks Intensive Course starting February 26, 1945.

**OBSTETRICS**—Two Weeks Intensive Course starting February 12, 1945.

**ANESTHESIA**—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

**ROENTGENOLOGY**—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

**UROLOGY**—Two Weeks Course and One Month Course available every two weeks.

**CYSTOSCOPY**—Ten Day Practical Course every two weeks.

**GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.**

**TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL**

Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.

# SPENCER BREAST SUPPORTS

## FOR PRE-NATAL AND NURSING



*Spencer Maternity Breast Support*

Each Spencer Breast Support for pre-natal wear, like *all* Spencer Supports, is *individually designed* for the one patient who is to wear it, to lift and hold breasts in natural, healthful position, without compression.

It improves circulation—protects delicate inner tissues—helps prevent outer skin from stretching and breaking—aids breathing—improves appearance—encourages erect posture. Easily adjustable to increasing development.

Painful, engorged breasts are often relieved by a Spencer, as it allows veins to empty easily. (A further advantage is gained later in increased milk supply from equalization of circulation during pregnancy.)

### Guards Against Caking and Abscessing

The Spencer Breast Support for nursing mothers provides protection against caking and abscessing. Closes in front for nursing convenience.

### Spencer Sleeping Supports

are prescribed to continue day-time treatment during night hours. Protects breasts against crushing—aids breathing.

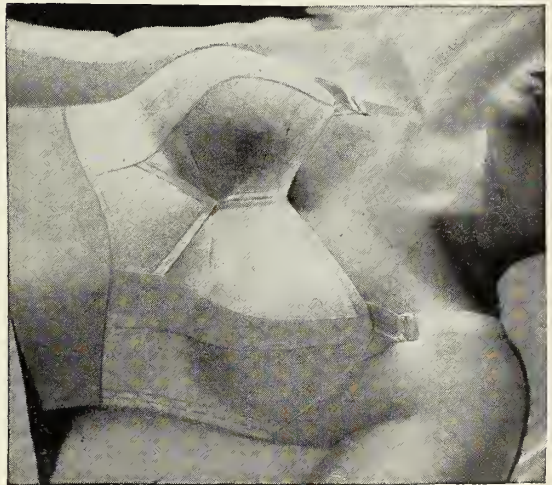
For service look in telephone book under Spencer corsetiere or write direct to us.

**MAY WE SEND YOU BOOKLET?**

**SPENCER** *INDIVIDUALLY  
DESIGNED*  
**Abdominal, Back and Breast Supports**



*Spencer Nursing Breast Support*



*Spencer Sleeping Breast Support*

### SPENCER INCORPORATED,

129 Derby Ave., New Haven 7, Conn.

In Canada: Rock Island, Quebec.

In England: Spencer (Banbury) Ltd., Banbury, Oxon.

Please send me booklet, "How Spencer Supports Aid The Doctor's Treatment."

..... M.D.

Address ... L-1

for Kansas during the 1945 financial campaign will be Elmer W. Siedhoff of Emporia, who is taking an active interest in the work.

### MEDICAL JOURNALS MICROFILMED

In accordance with a plan to keep Army medical officers at remote installations in every theater of operations abreast of the latest published techniques and discoveries, the Army Medical Library has developed a fast-growing microfilming program.

Starting with 12 medical journals in January, 1943, the list of periodicals microfilmed has grown to 44, covering the whole field of medicine. The rolls of film, sent by airmail, military intelligence or diplomatic pouch, are distributed all over the world within 15 days. Unpublished manuscripts describing even more recent developments are also microfilmed and sent to military personnel on request.

*The Neurological Hospital, 2625 The Paseo, Kansas City, Missouri. Operated by the Robinson Clinic, for the care and treatment of nervous and mental patients and associated conditions.*

### ARMY REDUCES MEDICAL CORPS

Because of the necessity of reducing the number of Army medical corps officers to a figure in line with the allocated ceiling, the office of the Surgeon General has announced the appointment of a board to consider the physical and other qualifications of all medical corps officers of the Army and their essentiality to the war effort.

The need for officers in senior grades, principally assigned to administrative duties, is less acute than formerly, and it is anticipated that a number of separations will occur soon. Medical officers of the regular Army will be accorded retirement privileges, and those of the Reserve, National Guard, and AUS medical corps will be given the opportunity of returning to the practice of medicine in a civilian status by relief from active duty or discharge.



Your instructions faithfully executed. Qualified, courteous orthopaedic technicians.

•

**THE  
W. E. ISLE  
COMPANY**

ENTIRE SECOND FLOOR  
1121 GRAND AVE.  
KANSAS CITY, MO.  
VICTOR 2350

# THE Lattimore Laboratories

TOPEKA, KANSAS

J. L. Lattimore, M.D., *Director*

A. C. Keith, B.S., *Chemist*

H. C. Ebendorf, M.T., *Serologist*

**PATHOLOGY, SEROLOGY, CHEMISTRY, BACTERIOLOGY,  
HEMATOLOGY AND PARASITOLOGY**

*Containers furnished upon request.*

### OFFICES:

Topeka, Kan.

El Dorado, Kan.

Sedalia, Mo.

McAlester, Okla.

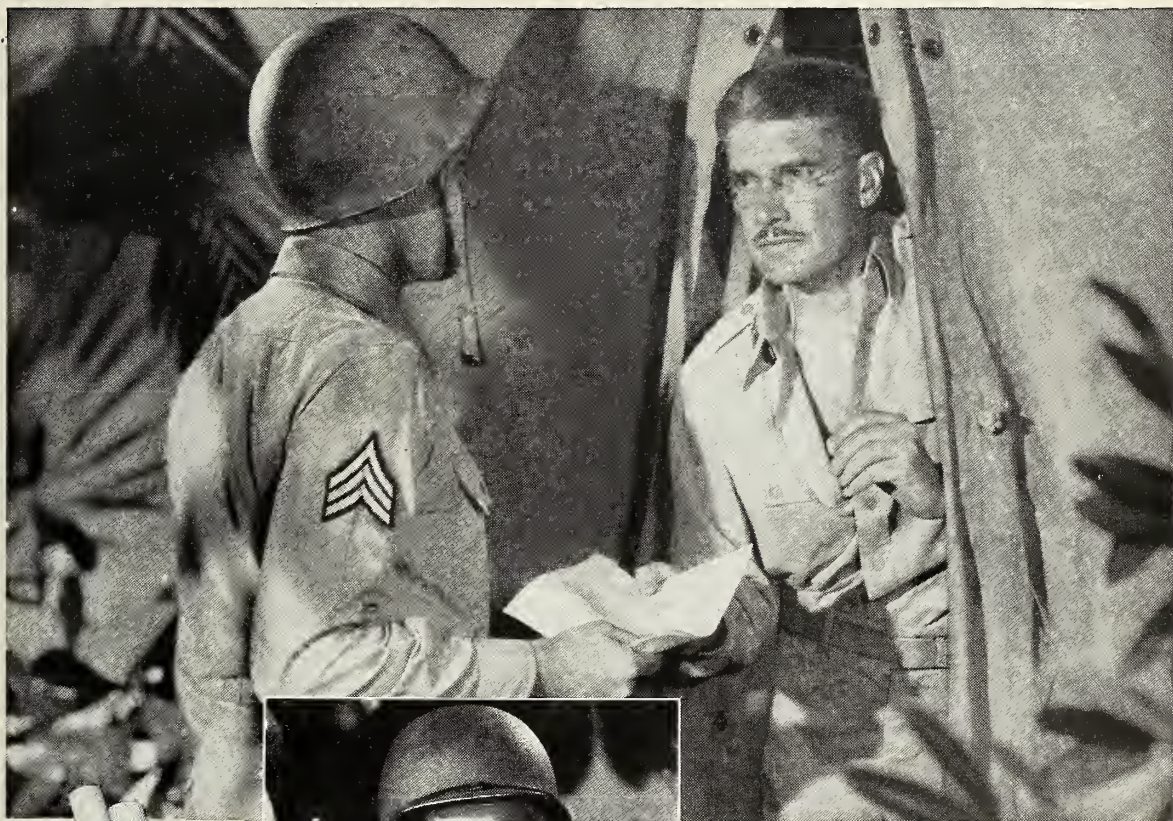
# Office Hours—*24 hours a day*

Battle front or home front—the story is the same: There aren't enough hours in the day.

It may be a new offensive in the far-off Pacific with its inevitable toll of casualties; it may be an epidemic in a crowded defense area here on the home front—but *never* in history of man has the medical profession carried such

a responsibility . . . carried it so magnificently.

But the reward is great. Victory over the aggressors, yes, certainly. And beyond that, victory over an enemy stronger than Germany or Japan. Because terrible though war is, it is the laboratory out of which will come new knowledge to benefit mankind for years to come.



R. J. Reynolds Tobacco Company, Winston-Salem, N. C.



NO ONE more than the busy doctor deserves that precious moment of relaxation . . . the pleasure of a cigarette. Likely as not it will be a cool, flavorful Camel—the favorite cigarette with men in all the services, according to actual sales records.

## CAMELS *Costlier Tobaccos*

# Effective Convenient Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

## Mercurochrome

(H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium)

is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



**HYNSON, WESTCOTT  
& DUNNING, INC.**  
BALTIMORE, MARYLAND

## DEATH NOTICES

Dr. Albertus Jeffers, 62, retired physician of Smith Center, died December 3 at his home. He had been confined to his home since suffering a stroke 18 months ago while visiting his daughter in Colorado Springs.

Born in Perry county Indiana, he studied medicine in Chicago and in Louisville, Kentucky, and was graduated from the Kentucky School of Medicine in 1907. He practiced for several years in the Indiana community in which he was born, and came to Kansas in 1914, living at Womer, in Smith county, until he moved to Smith Center in 1918. He was active in medical affairs in his locality, and at one time served as president of the Smith County Medical Society.

Dr. Ransley J. Miller, 55, died at Christ's hospital, Topeka, December 16, after an illness of a year. Death was due to recurrence of a coronary ailment.

Dr. Miller was born in Topeka June 24, 1889, and was educated in the Topeka schools, graduating from the Kansas Medical College in 1913. He interned at the Polyclinic hospital in New York City, and then served one year in the medical corps in France and Germany during World War I. He began practice in Topeka upon his return from overseas.

He was a member of the Shawnee County Medical Society, the American Legion, and Orient Lodge Number 51, and was a fellow in the American Medical association.

Dr. Homer A. Alexander, 64, Shawnee county coroner, died of apoplexy on December 24 while a guest at the home of Dr. and Mrs. S. T. Millard, Topeka.

Dr. Alexander was born March 16, 1881, at Altoona, and received his medical education at the University of Kansas School of Medicine. After serving his internship at the Kansas City General hospital in 1914 and 1915, he opened an office in Topeka and continued his practice in Shawnee county except for an absence while he served in the medical corps in World War I at Camp Dodge and Camp Devans. In addition to being a member of the Shawnee County Medical Society, he was active in affairs of the American Legion, Masonic circles, YMCA, the Red Cross, and other organizations.

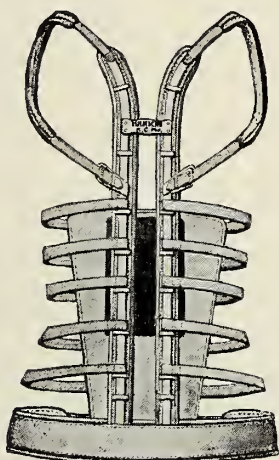
First elected coroner in 1938, Dr. Alexander was re-elected for a fifth term last November.

Dr. Jay Arthur Jones, 65, a physician in Kansas City, Kansas, 40 years, died December 26 at Bethany hospital, where he had been taken several days before following a heart attack.

A graduate of the first four-year class of the College of Physicians and Surgeons in Kansas City, Dr. Jones began general practice there. Eighteen years ago he took post graduate work in dermatology at the Massachusetts general hospital, and since then had confined his practice to that specialty. He was active in affairs of the Wyandotte County Medical Society, serving several terms as secretary and one term as president.

## Taylor-Type Back Brace

For  
Fracture of Vertebrae



P. W. HANICKE MFG. CO.  
1013 McGee Street  
KANSAS CITY, MISSOURI  
Telephone Victor 4750

BUY A BOND FOR VICTORY  
PROFESSIONAL PROTECTION



DOCTORS DISCHARGED  
from Military Service should  
notify Company immediately.

MILITARY POLICY  
does not cover Civilian Practice.

**MEDICAL PROTECTIVE COMPANY**  
FORT WAYNE, INDIANA



**BRIMFUL!**

WHEN pernicious anemia has drained the patient's life potential and you see the dregs in his cup, you will turn with a certain inevitability to liver therapy.

With some of the same inevitability you will insist upon a thoroughly reliable solution of liver. For therein lies the effectiveness of your treatment.

Should you choose Purified Solution of Liver, Smith-Dorsey, your judgment will be confirmed. For Smith-Dorsey's product is manufactured under conditions which favor a high degree of dependability: the laboratories are capably staffed . . . equipped to the most modern specifications . . . geared to the production of a strictly standardized medicinal.

To know this is to know that, with the help of your treatment, life for your patient may once again regain much of its fullness . . . his cup once more be brimming.

**Purified Solution of**

*Liver*

**SMITH-DORSEY**

Supplied in the following dosage forms: 1 cc. ampoules and 10 cc. and 30 cc. ampoule vials, each containing 10 U.S.P. Injectable Units per cc.

The SMITH-DORSEY COMPANY • Lincoln, Nebraska  
Manufacturers of Pharmaceuticals to the Medical Profession  
Since 1908

## MEN IN SERVICE

The office of the Surgeon General announces the promotion of Major Thomas J. Sims, Jr., to the rank of lieutenant colonel. Col. Sims, who formerly practiced in Kansas City, Kansas, is stationed at Hunter Field, Savannah, Georgia.

Major M. E. Pusitz, Topeka, orthopedic surgeon, was one of the speakers at a medical and surgical conference held at Torney General Hospital, Palm Springs, California, December 6 and 7. His topic was "Treatment of External Rotation Injury of the Ankle." Major Pusitz is chief of the orthopedic section at the regional hospital at Camp Haan, California.

Captain Frederic W. Hall, Winfield, is in charge of an important phase of army medicine as head of the internal medicine section at a United States Army hospital in England, according to an official announcement from the 250th station hospital. Few patients bear outward marks of

combat experience, as most are affected by concussion of high explosive artillery or mortar fire.

In speaking of Captain Hall's work Lt. Col. F. E. Cressman, commanding officer of the hospital, said, "He and his assistants are doing an excellent job taking care of battle-wounded soldiers. He has a very fine background in his line."

Maurice Snyder, Salina, has been promoted to the rank of lieutenant colonel, according to an announcement made recently by the office of the Surgeon General.

### CLINICAL INFORMATION BUREAU

A bureau of clinical information has been established by the Massachusetts Medical Society at its headquarters as a means of augmenting its postgraduate educational effort. The bureau will supply information on each day's schedule at all approved hospitals in Boston and its immediate vicinity, operations for the day, medical and surgical ward rounds, and clinics. From time to time the bureau will issue a bulletin listing medical meetings and conferences held in the area. The bulletin is available on request to hospitals, medical schools, and physicians.

## THE TROWBRIDGE TRAINING SCHOOL

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

**The Best in the West**

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.  
 1850 Bryant Building      **E. HAYDEN TROWBRIDGE, M.D.**      **Kansas City, Mo.**

## S W O P E

### RADIOLOGICAL CLINIC

*Apparatus for our work includes the following:*

1. 440 K.V. (440,000 constant potential supervoltage) for treatment of the deepest malignancies, especially in large people.
2. 220 K.V. (220,000 conventional type) for respiratory and moderately deep tumors.
3. 130 K.V. (130,000 full wave) for fluoroscopy, radiography and skin therapy.
4. Radium, alone or as adjunct to any of the above.

We especially invite your counsel and cooperation  
when combination of surgical therapy is evident.

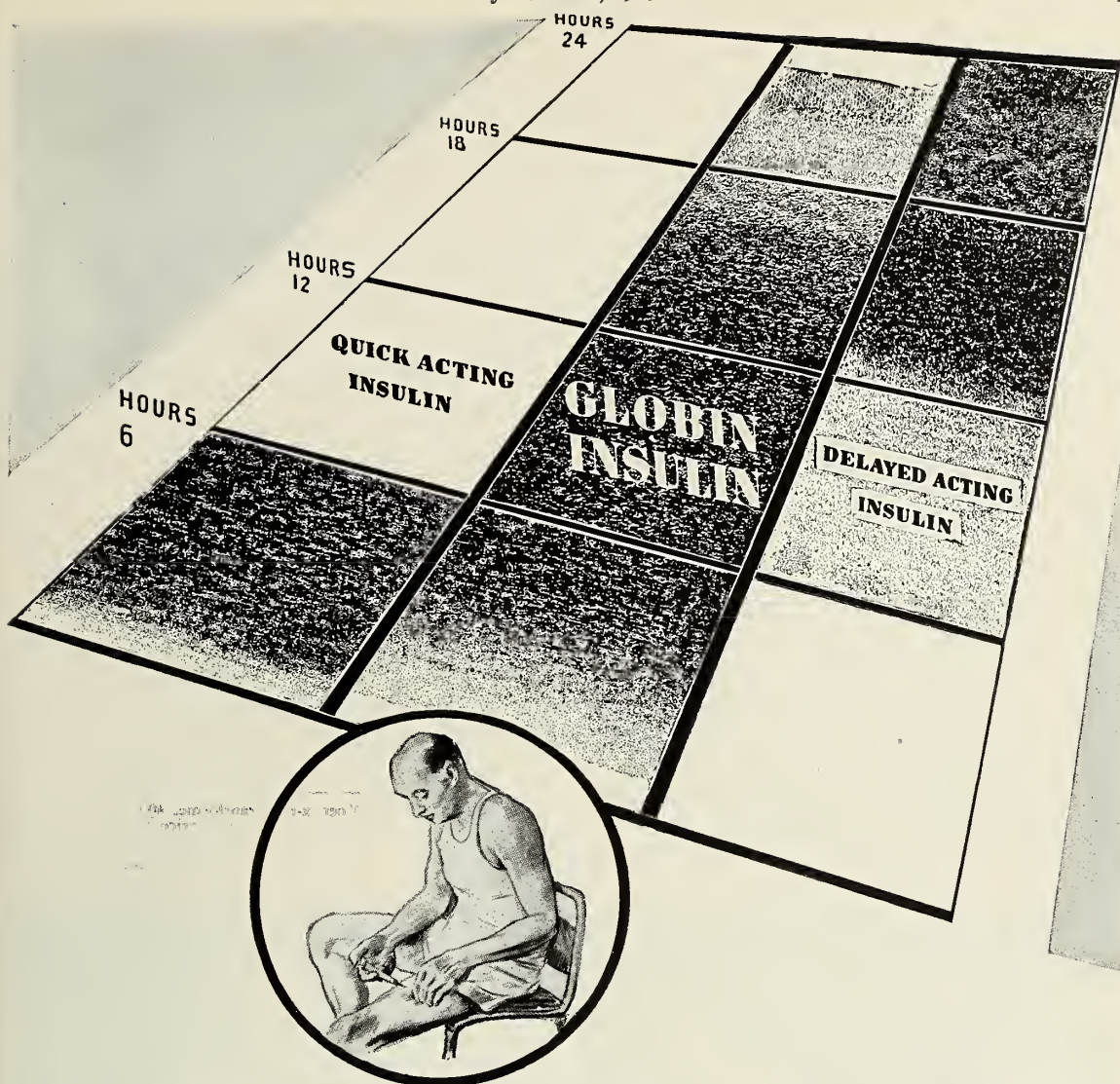
**OPIE W. SWOPE, M.D., FACR, Director**

Mrs. Eva Pedigo, Secy. and Business Mgr.

Dial 3-3842

WICHITA, KANSAS

York Rite Bldg.



## Insulin action timed to the patient's needs

'Wellcome' Globin Insulin with Zinc provides a controlling agent that is intermediate between quick-acting and slow-acting insulins. It is not intended to replace these in all cases, but combines certain advantages and eliminates some disadvantages of each.

Initial action is prompt, with intensity sufficient to handle a relatively low breakfast carbohydrate intake. Daytime action is sustained, with maximum intensity during major physical activity and larger meals. Night-time action is diminished, with intensity rapidly decreasing to correspond with the lessened insulin requirements during sleep.

'Wellcome' Globin Insulin with Zinc is a clear solution, and is comparable to regular insulin in its freedom from allergenic properties. Developed in the Wellcome Research Laboratories, Tuckahoe, N. Y. U.S. Pat. No. 2,161,198. Vials of 10 cc., 80 units in 1 cc.

'Wellcome' Trademark Registered

Comprehensive booklet "GLOBIN INSULIN" sent on request.



BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9-11 East 41st Street, New York 17, N. Y.

## PRIMARY ATYPICAL PNEUMONIA

(Continued from Page 6)

- Determination in the Management of Primary Atypical Pneumonia of Unknown Etiology.  
 Military Surgeon 94:370-373 (June) 1944.  
 26. Francis, T., Jr.: Virus Pneumonia.  
 Can. J. Pub. Health 35:49-54 (Feb.) 1944.  
 27. Campbell, T. A.; Strong, P. S.; Grier, G. S., III & Lutz, R. J.: Primary Atypical Pneumonia: A Report of 200 Cases at Ft. Eustis, Virginia.  
 J. A. M. A. 122:723-729 (July 10) 1943.  
 28. Oppenheimer, A.: Roentgen Therapy of "Virus" Pneumonia.  
 Am. J. Roentgenol. 49:635-638 (May) 1943.  
 29. Helwig, F. C. & Freis, E. D.: Cold Autohemagglutinins Following Atypical Pneumonia Producing the Clinical Picture of Acrocyanosis.  
 J. A. M. A. 123:626-628 (Nov. 6) 1943.  
 30. Turner, J. C.: Development of Cold Agglutinins in Atypical Pneumonia.  
 Nature, London 151:419-420 (Apr. 10) 1943.  
 31. Horstmann, D. M. & Tarlock, H.: Cold Agglutinins: A Diagnostic Aid in Certain Types of Primary Atypical Pneumonia.  
 J. A. M. A. 122:369-370 (June 5) 1943.  
 32. Shone, S. & Passmore, R.: Pneumonitis Associated with Autohemagglutination.  
 Lancet 2:445-446 (Oct. 9) 1943.  
 33. Meiklejohn, G.: The Cold Agglutination Test in the Diagnosis of Primary Atypical Pneumonia.  
 Proc. Soc. Exptl. Biol. & Med. 54:181-184 (Nov.) 1943.  
 34. Neefe, J. R.; Miller, T. G. & Chornock, F. W.: Hemologous Serum Jaundice.  
 Am. J. Med. Sc. 207:626-638 (May) 1944.  
 35. Reimann, H. A.: Pennsylvania & Pneumonia Series 5. Virus Pneumonia. Primary Atypical Pneumonia of Unknown Cause.  
 Pennsylvania M. J. 47:365-366 (Jan.) 1944.  
 36. McLeod, C. M.: Primary Atypical Pneumonia.  
 M. Clinics N. America 27:670-686 (May) 1943.

## CAHAL TO COLLEGE OF RADIOLOGY

The American College of Radiology announces that Mac F. Cahal, who resigned as executive secretary a year ago to direct activities of the Southwestern Medical Foundation in Texas, has returned to his former position with the College.

## WHOLE BLOOD TO PACIFIC

Shipments of whole blood to the Pacific battlefront were begun in November, and now more than 200 pints a day are being collected in San Francisco, Oakland and Los Angeles by the Red Cross, typed by Army and Navy laboratories, and flown by Navy plane across the Pacific. The blood is packed in ice and is delivered to its destination within three days.

## CLASSIFIED ADVERTISEMENTS

**FOR SALE**—Well equipped office and practice of deceased physician. Large practice—good county seat town (pop. 1,500) and large territory. No doctor in town. Write the Journal C-O-20.

**FOR SALE**—Tonsil and adenoid outfit in good condition at a big reduction. Write—Journal C-O-10.

**FOR SALE**—Office equipment of retiring physician engaged in general practice. Located in good college town of fifteen thousand, in Kansas. Address Journal C-O-X.

**FOR SALE**—Large assortment general surgical and bone instruments. Cold quartz and carbon lamps. Bone engine, splints, etc., all about as good as new and prices about 15 per cent of cash. Tell me your needs and let me quote price. C-O-12—Journal office.

**FOR SALE**—Practice of deceased physician. Complete E. E. N. & T. instruments and equipment. Mercury, quartz and radiant lamps, Victor vario frequency, Wappler wall plate, complete deep therapy x-ray installation, including 140 Kv. shock proof tube and stand, 200 Kv. tube and table. Radiological journals and medical books. Write the Journal C-O-19.

**FOR SALE**—Complete fixtures of fully equipped eye, ear, nose and throat office. Doctor retiring. Leaves an excellent, unopposed EENT practice in attractive college town, with business in excess of \$10,000 last year. Write the Journal C-O-22.

**FOR SALE**—Kelley-Koet x-ray transformer and control with Coolidge equipment, type J, serial 163, price \$150. Also one diathermy, price \$40. Address Journal C-O-21.

Quality carries on

Drink  
**Coca-Cola**  
 Delicious and Refreshing

# There is no *Universal Size*



**T**HERE never has been a wedding ring that would correctly fit the finger of all women . . . and there is no universal size of occlusive diaphragm that will correctly conform to the many variations of the vaginal and cervical structures.

Competent clinical investigation has established that an occlusive diaphragm must be of individually correct size in order for the cervix to be properly protected against entrance of spermatozoa.

Because of the variance in the vaginal anatomy of individual patients the correct size can be determined only through measurement by a properly qualified physician.

To insure closer, more accurate fitting with greater comfort for your patients, specify "RAMSES"\* Flexible Cushioned Diaphragm on your prescriptions.

## *Ramses* FLEXIBLE CUSHIONED DIAPHRAGMS



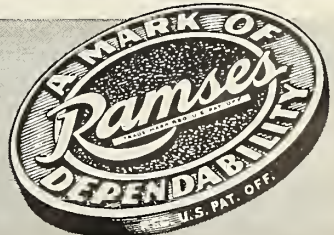
are made in gradations of 5 millimeters in sizes ranging from 50 to 95 millimeters inclusive . . . available through any recognized pharmacy.

\* The word "RAMSES" is the registered trade mark of Julius Schmid, Inc.

Gynecological Division  
**JULIUS SCHMID, INC.**

Established 1883

423 West 55th Street New York 19, N. Y.



## AUXILIARY

### PRESIDENT'S MESSAGE

Writing this message to all of you tonight, surrounded by the Christmas decorations and unopened gifts under the tree, with the noise of B-29 bombers overhead, it reminds me of two things—(1) the end of another year, and (2) that a war is still in progress. If only the bombers with their precious cargo of human life were flying for a constructive purpose we would be very happy.

As the year 1944 closes and a new year begins, let us take inventory of our activities and see if we have assisted the Auxiliary as much as we could have. Have we contributed to its progress? If not, make a 1945 resolution to do your part, and with all of our united efforts we can reach our goal. Every day I realize more fully that "an auxiliary is only as strong as each individual member." A program would be realized so easily if each physician's wife accepted her individual responsibility.

In order to increase our membership, thereby increasing interest in Auxiliary plans, have *you* written to an eligible member in an unorganized county asking her if she would like to be your member-at-large for this year? I did, and my new member replied by saying that she was very happy to be a member and hadn't realized that she could be a member without being a part of an organized county unit. Dues for members-at-large may be sent to Mrs. Regier, the state secretary, until March 1. We hope to recognize the members-at-large in a special manner at the state meeting so they will fully realize that they are a necessary cog in the wheel. By being informed members, we are prepared to join in the fight against social reforms which might be unfavorable to good medical practice.

The legislative body will soon be in session. Let us keep informed on matters pertaining to medicine which may be brought up. The advisory council of each county auxiliary can give you the necessary information.

Several county presidents report the fact that they are not receiving co-operation from members on the Hygeia program. We are an Auxiliary to the A.M.A. and they have asked us to assist in Hygeia distribution. The laity will read but do not always select authentic reading material. No one cares to be a magazine salesman, but it is not difficult for a member to interest one friend or professional person in Hygeia. With such co-ordinated effort we would have at least four hundred copies in circulation (on the basis of last year's membership). Is Hygeia in your husband's office? Is Hygeia in your dentist's office? Is Hygeia in your favorite beauty parlor? Is Hygeia in the U.S.O.? Is Hygeia in your library?

Next month I hope to have information for you on membership, bulletin, and Hygeia subscriptions from each county auxiliary. You will have an opportunity to see how your auxiliary compares with the others. You will also have time to correct any deficiencies before the annual May meeting.

Let us pray that 1945 will bring peace to our country and bring all of our boys safely home.

Sincerely,  
Mrs. Leo J. Schaefer

Members of the Shawnee county auxiliary enjoyed a musical tea December 11 at the home of Mrs. T. A. O'Con-

nor with Mrs. Seth A. Hammel, Mrs. H. L. Clark and Mrs. S. T. Millard assisting. Four students from St. Mary college at Leavenworth, Sheila O'Connor, Marguerite Miller, Mildred Schneltz and Eleanor Long, presented a musical program, after which Mrs. J. S. Casto accompanied the group for the singing of Christmas carols.

A meeting of the Central Kansas Medical Auxiliary was held December 7 at Russell with eight members attending. There was discussion on Hygeia and its distribution in central Kansas, and the Auxiliary voted to supply the magazine to all hospitals in the locality not now receiving it.

Members of the Labette County Medical Auxiliary held a dinner meeting recently and had as honor guest Mrs. J. T. Naramore who, with Dr. Naramore, is moving from Parsons to Larned. Mrs. F. P. Dwiggin was hostess. A short business session was held, after which Dr. Oscar Harvey gave a talk on tropical diseases.

Members of the Sedgwick County Medical Auxiliary enjoyed a Christmas tea December 11 at the home of Mrs. Charles Rombold, Wichita. Mrs. J. S. Reifsnider was in charge, with Mesdames C. H. Dixon, P. T. Holt, J. E. Chipps, J. W. Cave, B. C. Beal, and R. A. West assisting.

Mrs. A. E. Hiebert, program chairman, presented Mrs. A. R. Ebel of Hillsboro, who illustrated Christmas poems and songs with original flannel grafts. Mrs. J. E. Wolfe was narrator and Mrs. C. W. Miller was soloist for the program.

The Woman's Auxiliary to the Saline County Medical Society held a dinner meeting December 14 at the home of Mrs. C. M. Fitzpatrick with Mrs. E. R. Vermillion and Mrs. O. R. Brittain as assisting hostesses. Mrs. Leo J. Schaefer reviewed the national board meeting held recently in Chicago, and Mrs. E. M. Sutton directed the group in carol singing. Subscriptions to Hygeia and Bulletin were given as bridge prizes, and small Christmas gifts were distributed.

Mrs. Ralph H. Jennings was speaker at the annual Christmas party of the Woman's Auxiliary to the Wyandotte County Society December 8 when the officers entertained all other members at a tea at the home of Mrs. LaVerne B. Spake. Mrs. Jennings spoke on "Modern Sisters Mary and Martha." A trio composed of Mrs. Clyde Badger, Mrs. Albert C. Gall and Mrs. B. E. Radcliffe entertained with a group of Christmas carols.

Mrs. G. R. Hepler was chairman of the hostess committee and was assisted by Mesdames K. C. Haas, Hughes W. Day, Clay E. Coburn, E. R. Millis, L. Miles Nason, J. G. Evans, John H. Luke, J. A. Billingsley, C. W. McLaughlin, Ward W. Summerville, Clarence A. Gripkey, J. E. Baker, W. J. Feehan and H. H. Hesser.

### STATE OFFICERS, 1944-1945

President.....	Mrs. Leo J. Schaefer.....	Salina
President-Elect.....	Mrs. Hugh A. Hope.....	Hunter
First Vice-President.....	Mrs. J. R. Campbell.....	Pratt
Second Vice-President.....	Mrs. H. H. Woods.....	Topeka
Recording Secretary.....	Mrs. H. L. Regier.....	Kansas City
Treasurer.....	Mrs. Chas. H. Miller.....	Parsons
Corresponding Secretary.....	Mrs. W. R. Dillingham.....	Salina

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

FEBRUARY, 1945

Number 2

## DIAGNOSIS AND TREATMENT OF TUMORS OF THE TESTIS\*

C. Alexander Hellwig, M.D.\*\*

Wichita, Kansas

During the last 20 years our laboratory received 254 specimens with the clinical diagnosis "tumor of the testis." Fifty proved to be malignant. This incidence would indicate that one out of five patients with orchidectomy is a victim of this disease. Malignant testicular tumors are not common. In the Memorial Hospital in New York, 2.09 per cent of all malignant tumors of males were primary in the testis, while in our laboratory the 50 malignant neoplasms of the testis represented 1.2 per cent of all cancer cases (4,162).

The 50 tumors of our series were submitted for histologic examination by 36 different physicians. The largest number of cases treated by a single surgeon was seven, while 29 physicians had only one case each. The reason for discussing this type of tumor is therefore not its frequency, but the fact that the life of the patient depends, perhaps more than in other tumors, on the correct diagnosis of the first physician who sees him.

### DIAGNOSIS

The clinical diagnosis of malignant tumors of the testis is often difficult and sometimes impossible. Any non-inflammatory mass of the testis should be considered as a malignant neoplasm until proved otherwise. The common error is that neoplasm is not thought of and that the lesion is considered inflammatory or otherwise benign. In our material, the most common benign lesions were the following: hydrocele with fibrous periorchitis, 57; scars in the testis from inflammation or trauma, 35; chronic epididymitis, 43; tuberculosis, 21; chronic abscess, 8; syphilis, 6; hematocele, 6 cases.

Belt pointed out that in hydrocele the penis is partially obscured by surrounding soft tissue whereas in tumor there is a more or less definite line of de-

marcation of the swelling. But malignant testicular tumors are associated in 20 per cent of the cases with hydrocele. Hydroceles should be tapped only after their presence has been confirmed by transillumination. Spermatocele presents similar difficulties in the differential diagnosis. Hematocele presupposes a history of trauma; however, bloody fluid in a hydrocele often indicates a malignant tumor.

Severe trauma can cause so much scarring and distortion of the normal contour of the testis that the nodular formation of a neoplasm is simulated.

Tuberculosis usually involves the epididymis rather than the testis and other foci of tuberculosis may be demonstrable. Often slight fever and pain are present. The vas deferens may be beaded. On the other hand, the combination of tuberculosis and teratoma is not uncommon and tuberculosis may invade the whole testis itself, giving the same picture as tumor.

Syphilitic gumma is very slowly growing, and is restricted to the testis. Association with hydrocele is common. There is no fever or pain. No patient with enlargement of the testis should undergo an operation before a serologic test has been made. A positive Wassermann test may help to distinguish gumma from malignant tumor of the testis, although a positive result does not exclude tumor, since both conditions may coexist.

Metastases to various parts of the body, particularly to the retroperitoneal region, may produce confusing clinical pictures. They are sometimes the first clinical manifestation of the disease. A diagnosis of splenomegaly, hypernephroma, aneurism of the abdominal aorta has been made, when the primary tumor in the testis was so small that it remained unnoticed.

**HORMONE TEST.** The appearance of gonadotropic hormone in the urine of a man with teratoma of the testis was first observed by Zondek in 1929. The Aschheim-Zondek test became popular after Ferguson concluded from the study of 117 cases that the histologic type of testicular tumors could be predicted by the amount of gonadotropic hormones excreted in the urine. His findings were accepted without reservation, and physicians based their diag-

\*Second in a series of articles on the general subject of cancer.

\*\*Department of Pathology, St. Francis Hospital and The Sedgwick County Tumor Clinic.

nosis and treatment of testis tumors largely on the amount of gonadotropic hormone excreted in the urine. During recent years several investigators have warned against over-enthusiasm for this biologic test. Twombly and his associates of the Memorial Hospital came to the conclusion that there is no close correlation between the amount of hormone in the urine and the structure of the testicular tumor. This is hardly surprising when one considers the complex histologic structure of many of these neoplasms. Tumors classified as adenocarcinoma, seminoma and chorioepithelioma may show areas of complex teratoma with various types of tissue derived from other germ layers present.

The same investigators found, in general, that patients with a low hormone level had a much lower mortality than those who excrete 10,000 or more mouse units per liter of urine. A correlation between hormone levels and clinical course existed only in one third of Twombly's cases. The test was often entirely negative despite widespread metastases, and the authors feel that it is not worth while to follow the course after operation with repeated Aschheim-Zondek tests. Our own experience supports this modified view of the value of the biologic test in neoplasms of the testis.

Since 1939 we have done quantitative hormone assays routinely on patients with tumors of the testis. There have been 21 such patients on whom a total of 48 tests have been recorded. Each of the tests was performed on six immature mice following Ferguson's technic. We found that high levels of Prolan A, the follicle ripening factor, and any Prolan B reaction with corpora hemorrhagica in the ovaries of the immature mice, were of grave prognostic significance. Our only case of choriocarcinoma with 5,000 units of Prolan B died 16 weeks after onset of symptoms in spite of extensive irradiation. A case of seminoma in a 23-year-old man showed an excretion of 2,500 units of Prolan B. Three months after combined treatment the test became completely negative in spite of widespread metastases. The patient died seven months after orchidectomy. Several cases of solid carcinoma were found to excrete as little as 100 units of Prolan A. On the other hand, a positive test of 200 units was obtained in a case of gumma of the testis and misled us to preoperative radiation and orchidectomy.

From our limited experience with the biologic test we believe that it is a valuable diagnostic aid. Not infrequently it constitutes the only evidence of the disease. However, great caution is necessary in interpreting the results. We regard a positive test of less than 200 units as not significant. On the other hand, we do not exclude malignancy of the testis or

metastases, even if the Aschheim-Zondek test is negative.

**BIOPSY:** In the Memorial Hospital, needle biopsy is routinely used prior to irradiation of testis tumors. We are definitely opposed to this procedure, because we feel that with aspiration not enough tissue is obtained to establish an accurate histologic diagnosis. We cannot regard the puncture of a malignant tumor as harmless, after seeing tumor tissue fungating through the puncture canal several times. We agree thoroughly with Hinman that whenever careful clinical examination establishes the possibility of a malignant tumor, the immediate removal of the entire testicular tumor is indicated. It is less dangerous and by far more informative than the removal of a small bit of tissue for histologic diagnosis. Orchidectomy involves no risk when the incision is made at the external inguinal ring and the cord clamped there before the scrotum is touched. If the testis is found to be tuberculous, luetic or the site of another form of inflammation, its loss is negligible.

#### TYPES OF MALIGNANT TUMORS OF THE TESTIS

There are two principal controversial views about the histogenesis of testicular tumors. Langhans, Wilms, Ewing and others expressed the opinion that all common testicular tumors arise from toti-potent sex cells and that the homologous forms represent one-sided developments of tridermal teratomas. On the other hand, Frank, Birch-Hirschfeld, and Chevassu believe that the tumors composed of large round cells are derived from differentiated cells of the seminiferous tubules. The term "seminoma," introduced by Chevassu, has been widely accepted by surgeons for the solid carcinoma of the testis. In classifying our cases, we used as few groups as possible and we avoided—since the origin of these tumors is not yet agreed upon—terms based on histogenesis. Therefore the term "solid carcinoma" is used instead of seminoma, embryonal carcinoma and spermatocytoma.

**1. SOLID CARCINOMA.** Tumors of this type are composed of large round or polyhedral cells with vesicular hyperchromatic nuclei. They grow in sheets or strands and invade and destroy normal testicular tissue which often can be found in the capsule of the tumor. Necrotic areas are common in the central portions. The stroma is mostly scanty and there are varying numbers of lymphocytes between the strands of tumor cells.

Twenty-seven of our 50 cases belong to this group. This is a slightly lower percentage (56 per cent) than in the series of Cabot and Berkson of the Mayo Clinic (59.2 per cent). Our youngest patient

was seven months old, the oldest 71 years, with an average of 42.3 years.

Three patients who showed palpable metastases on first admission are dead, after living from one to three years. The other 24 patients in this group had orchidectomy, 13 had poostoperative and two also had preoperative irradiation. The clinical course of 18 patients could be followed to date. Ten patients are alive and apparently without disease, three of those for five years or longer, while eight are dead.

2. ADENOCARCINOMA. The microscopic picture of this type of tumor consists of glands lined with cuboidal or low columnar cells which are poorly oriented and vary in size. Infrequently papillary projections are found in the larger alveoli. Hemorrhage is common.

Twenty-two cases were included in this series. The average age was 31.8 years, with ages ranging from 18 to 48 years. In three patients metastases were palpable on admission and treatment was of no avail to prevent the fatal outcome. All of the patients except one had orchidectomy; one had preoperative and 11 postoperative x-ray treatment. Complete follow-up records are available for 17 cases. Nine patients are still alive, one with metastases in the lungs, and eight are dead. Four are without evidence of disease after more than five years following orchidectomy and irradiation.

3. CHORIO-CARCINOMA. This is the most malignant and fortunately the rarest variety of testicular tumors. Its histologic structure is identical with the same tumor in the uterus. It is characterized by the presence of syncytical cell masses in disorderly arrangement closely associated with sheets of large clear Langhans cells. The only case belonging to this group presented clinical and pathologic findings of unusual interest.

The first symptom in the 24-year-old man was pain in the back which, during the following four weeks, became worse in spite of treatment by an orthopedist. Then the patient felt a mass in the stomach region and he underwent an operation. The preoperative diagnosis was hypernephroma. The biopsy taken from the retroperitoneal very vascular mass revealed chorio-epithelioma. The primary tumor was never palpable, but was disclosed only at autopsy, by serial sections through the right testis. It measured less than one cm. in diameter and consisted almost entirely of adult teratomatous structures.

While in our series no benign teratoma was represented, in all three tumor groups adult teratomatous elements could be found. Of great interest in regard to the histogenesis of testicular tumors were several of our cases in which adenocarcinoma and

solid carcinoma was found in adjacent areas of the same section or where the primary growth was classified as solid carcinoma while the metastases presented a pure picture of adenocarcinoma. Our findings are in accord with Ewing's contention that most malignant tumors of the testis are of teratomatous nature.

#### TREATMENT

Ewing states that surgical removal alone is a dismal failure and that sensational improvement in the control of testis tumors has followed the development of deep x-ray therapy. The advocates of radiation therapy quote Tanner who reports a five-year survival of less than six per cent after orchidectomy alone. The writers who point out the inadequacy of surgery have completely overlooked the statistical report of Cabot and Berkson (1939) who analyzed 142 cases treated at the Mayo Clinic between 1910 and 1937. Thirty-seven of their cases had orchidectomy only and the astonishing operative results were 58.8 per cent five-year cures for seminoma and 41.7 per cent for adenocarcinoma, i.e. almost 10 times higher than the figures of Tanner. Also of interest is that, according to Cabot, irradiation in combination with orchidectomy resulted in a five-year survival rate 13.3 per cent higher than surgery alone. At the end of the ten-year period, however, the difference between simple orchidectomy alone and combined treatment was only 1.2 per cent.

The writers who maintain that radiation has a sensational effect on testis tumors fail to mention that patients who have inoperable metastases are not much benefited by this treatment. At the Memorial Hospital only 14 per cent survived for five years after radiation.

The question of preoperative radiation is still more controversial. Not enough cases have been reported to decide on its value. We agree with Nash and Leddy of the Mayo Clinic that a definite advantage from preoperative irradiation has not been demonstrated and that there are certain hazards to the procedure. During the time which is lost between preoperative irradiation and orchidectomy malignant cells may escape from the primary tumor.

The contradictions of the different statistics in regard to the therapeutic results suggest that the microscopic type of the tumor, the amount of gonadotropic hormones, preoperative and postoperative radiation are not the deciding factors in determining the fate of the patient. In our opinion, the presence or absence of metastases at the time of orchidectomy is of far greater importance. The statistics of different clinics agree that patients with metastases have 30 per cent less chance to survive than those without. Since the diagnosis of metastases, except where they

are massive, is very uncertain, the difference is very likely much higher.

In our own series the end results are the following. Thirty-six cases were available for complete follow-up study. Seventeen patients are dead, and 19 alive. Of the patients who were treated before July, 1939, 38.9 per cent are alive. In regard to the type of tumor our statistics fail to support the view that the seminoma (solid carcinoma) is much more radio-sensitive than adenocarcinoma. There was about the same number of each type of tumor among the surviving as well as among the patients who died of the disease.

#### SUMMARY

The preoperative diagnosis of malignant tumors of the testis is often impossible. We believe that aspiration biopsy is uncertain and that diagnostic palpation of the tumor should be done as gently as possible.

The diagnostic value of the Aschheim-Zondek test is limited. A positive test may be the only evidence of the disease; on the other hand, a negative test does not rule out malignancy.

The value of preoperative x-ray treatment has not been established and the effect of postoperative radiation, while definite, is not sensational.

The most important factor in determining the prognosis is the absence or presence of metastases at the time of orchidectomy. As long as the tumor is confined to the testis itself, there is an excellent chance of complete cure and the life of the patient depends on the prompt diagnosis and treatment of the first physician who sees him.

#### BIBLIOGRAPHY

- Belt, E.: *Am. J. Surg.* 38:210, 1937.  
 Cabot, H. and Berkson, J.: *New Engl. J. Med.* 220:192, 1939.  
 Dean, A. L.: *J.A.M.A.* 105:1965, 1935.  
 Ewing, J.: *Neoplastic Diseases*, 4th Ed., W. B. Saunders Co., Philadelphia, 1940.  
 Ferguson, R. S.: *Am. J. Cancer* 18:269, 1933.  
 Frank, A.: *Frankf. Zschr. f. Path.* 9:206, 1911.  
 Hinman, F.: *J. Urol.* 34:72, 1935.  
 Nash, L. A. and Leddy, E. T.: *Am. J. Roentgen. and Rad. Therap.* 50:162, 1943.  
 Tanner, C. O.: *Surg. Gynecol. & Obst.* 35:565, 1922.  
 Twombly, G. H., Temple, H. M. and Dean, A. L.: *J.A.M.A.* 118:106, 1942.

#### COURSE IN OTOLARYNGOLOGY

A spring refresher course in otolaryngology will be offered by the College of Medicine, University of Illinois, at Chicago, from March 26 to 31, inclusive, 1945. The course, intended primarily for ear, nose and throat specialists, will be largely didactic with some clinical instruction included. Registration will be limited to 30, applications being considered in the order in which they are received. The fee is \$50.

Inquiries and applications may be addressed to Dr. A. R. Hollender, chairman, Refresher Course Committee, Department of Otolaryngology at the university, 1853 West Polk Street, Chicago 12, Illinois. Applicants should send details of education, training, and experience.

## ASPIRATION PNEUMONIA WITH BEGINNING LUNG ABSCESS TREATED WITH PENICILLIN

Robert R. Snook, M.D.

Kansas State College Student Health Department  
 Manhattan, Kansas

The patient was a 17-year-old white female who had been in good health until two weeks before her first visit to our dispensary. At that time a tonsillectomy had been performed by her local private physician under general ether anesthetic. There was some difficulty during induction as the patient fought the anesthetic and considerable emesis during the awakening period. After one week's convalescence she came to Manhattan and enrolled in summer school.

Although still unable to eat all foods and somewhat undernourished, she felt good and started to classes. Soon after classes were begun she noticed that she was tired and more easily fatigued than usual. For the remainder of this first week in school she continued to classes although the malaise was increasing day by day and she began coughing and expectorating a small amount of clear sputum. At the end of the week her housemother, seeing she was obviously ill, began taking her temperature when she came home in the afternoon and observed a rise above 100 degrees on two consecutive days. At this time and two weeks after tonsillectomy she presented herself at the dispensary.

Physical examination at that time was essentially negative. She was pale and obviously tired. Her throat was well healed, there was no evidence of infection and the tonsils were out clean. Physical examination of the chest was negative even though it was re-examined after the first x-ray was taken. Her temperature was 100 degrees, pulse 92, respirations 20. The urine was negative on admission. The white cell count was 15,900 with 81 per cent polymorphonuclear leukocytes. Sedimentation rate 32 mm. in 60 minutes, dropping in a diagonal curve to 20 mm. in the first 15 minutes. An x-ray of her chest showed a circumscribed area of consolidation spherical in contour, measuring approximately two inches in diameter in her right mid-chest.

In view of the lack of physical findings, low grade temperature, slow onset of illness, we were inclined to make as our first tentative diagnosis that of atypical or virus pneumonia. There have been well over 100 proven x-ray cases of atypical pneumonia in the past two years at this institution and it seems to be a rather common illness in this age group.

However, in view of the history we also entertained the possibility of an aspiration pneumonia and possible beginning lung abscess.

She was hospitalized and started on sulfadiazine with other standard supportive measures. A high vitamin, high caloric diet was selected because of her obvious undernutrition. Sputum was examined on admission for acid-fast bacilli and pneumococci, neither of which was found, the laboratory reporting cocci in tetrads predominating the smears. After 60 hours of treatment her temperature was still above 100 degrees and once during that period had spiked to 101. Her cough was increasing as was the sputum. Sputum was now flaked with brown. Sulfadiazine was stopped on June 8, 1944, after urinalysis revealed a sediment loaded with sulfadiazine crystals and red blood cells.

On June 10 her temperature rose to 102 degrees and her symptoms were all accentuated. An x-ray of the chest at that time revealed progression of the lesion both in size and density. Her general condition also was much worse. Sulfadiazine was again started on the morning of the 11th, but discontinued after four doses because of gross hematuria as well as an aching pain towards night in the right kidney region. Our consulting radiologist reported that the area of consolidation as previously described had progressively increased in size and with the history and rapid growth of the process he felt it must be considered inflammatory. It was his conclusion that the history and appearance of the lesion would be more suggestive of a lung abscess than any other pathological process.

Sputum smears were again negative for tubercle bacilli and pneumococci. The patient refused food, was listless except when coughing. She now was complaining of pain when coughing and a dull aching sensation following a seizure. Auscultation of the area revealed moist rales throughout respiration although the findings were confined to a small area. It was decided that penicillin should be tried in an attempt to stop the process before actual abscess formation occurred. A hurried review of the available literature, however, failed to reveal any early cases of beginning lung abscess in which this drug had been used. The intramuscular route was decided upon, giving 20,000 units every four hours. After 24 hours the patient's general condition was much better although her temperature again rose to 101.6 degrees that afternoon. At 48 hours the temperature returned to normal where it remained throughout the remainder of her hospital stay.

Clinically, the patient was much improved although the cough continued with expectoration of large amounts of sputum. She no longer complained

of chest pain on the 14th of June except when coughing, her appetite improved and she showed more interest in her surroundings. Penicillin was continued for six days until a total of 600,000 units had been given. At no time was anything observed that could be construed as a reaction.

Her last chest plate was taken June 19 and showed definite regression and absorption of the area of infiltration. In reviewing her series of x-rays our radiologist felt that "in view of the fact that the patient was given penicillin we must assume that this remarkable regression was a direct effect on an area of infection, a lung abscess that has not yet broken down. The regression is remarkable."

After 11 days of normal temperature and the disappearance of all her symptoms, she was sent by ambulance to her home and put under the care of her family physician. The last x-ray of her chest showed only a slight haziness of the area involved and auscultation of the chest was negative. Her subsequent convalescence has been uneventful.

An abscess of the lung is usually described as a localized suppurative process which roentgenologically shows evidence of contamination not due to tuberculosis, bronchiectasis or cyst of the lung. The history and other findings ruled out the latter two conditions and her sputum smears were consistently negative for acid-fast bacilli. Christopher, in his surgical text, states that possibly 30 to 40 per cent of patients with uncomplicated abscesses recover after long periods of bed rest. Around 50 per cent of the patients seek surgical treatment and of these 30 to 40 per cent die. So the prognosis is not good at best, once the abscess has formed and become well established.

Early diagnosis is not the rule but in those cases in which it has been made all forms of treatment have been to no avail in preventing its formation or once established in altering its course except surgery. The sulfonamides have been given credit for regression of a beginning abscess in several articles in the literature but in our case it was disappointing.

Sweet has reported 43 per cent of his series of 125 abscesses of the lung to have followed tonsillectomy under general anesthesia. In another group of 100 Whittemore found 66 abscesses of the lung to have followed operations on the mouth, nose or throat performed under general anesthesia. In the young this is certainly the most common cause. It is our impression that pulmonary abscess from an embolus is uncommon.

Although lung abscess is not common, and the average practitioner sees very few in a lifetime, just one case can be sufficiently disturbing to warrant

(Continued on Page 58)

## MEDICAL SCHOOL

### TUBERCULOUS GINGIVITIS WITH REPORT OF CASE

By Edgar W. Johnson, Jr., M.D.\*

Kansas City, Kansas

Tuberculous lesions of the mouth have previously been reported complicating pulmonary tuberculosis. The incidence of this complication has been reported as varying from 1.44 per cent (Rubin<sup>1</sup>) to .26 per cent (Martin and Koepf<sup>2</sup>).

The type of lesion varies from a single, deep undermining ulcer of the gums, cheeks or tongue to multiple small superficial granulomatous ulcerations. The laryngeal lesions are usually characterized by edema, congestion and granular appearance of the mucous membrane. In some instances oral lesions have been mistaken for carcinoma because of similarity in appearance. Oral lesions seldom cause pain until far advanced, but laryngeal tuberculosis sometimes causes severe soreness of the throat especially after voice strain.

Interestingly enough, presence or absence of positive sputum does not seem to be significant and there is some conjecture as to whether the condition is caused by direct implantation or is blood born. Tonsillectomy and dental extraction in patients with active tuberculosis seem to increase the possibility of oral or pharyngeal infection.

The reported cases have almost universally had X-ray evidence and history of active pulmonary involvement. Incidence is considerably higher in men than in women. Repeated oral trauma apparently aggravates the condition.

The prognosis depends largely on the prognosis of the chest lesions. General tuberculosis therapy seems to be the treatment indicated. The patient here reported was so treated, plus X-ray therapy to the cervical areas and mouth and electrocoagulation of the larynx.

Case Report: P.L., 33-year-old white female, was admitted to the hospital complaining of sore gums, sore throat and hoarseness, and irregular menses. Her menstrual dif-

ficulties were of about five years duration with abnormality in all of the three phases of menstrual rhythm. Four years prior to admission she had had "pneumonia" with pleural effusion and two thoracenteses followed by ten months in bed before completion of convalescence. She had had no definite complaint after this until eighteen months prior to admission when a small ulcer began on the gum above the left lateral upper incisor. Dental therapy for six months was unsuccessful and the lesion spread to involve both upper and lower gums and palate. Six months prior to admission intermittent sore throat and hoarseness appeared. General health became worse and she was in bed for three months before admission, during which time she gained several pounds.

Family history was negative except that one brother died of tuberculosis at the age of nineteen years.

System review revealed a good appetite except when her throat was sore, slightly productive minimal cough, occasional diarrhea, and a gain of eighteen pounds in three months prior to admission.

Examination of the mouth showed small superficial miliary tubercles one to two millimeters in diameter as well as small areas of granulomatous ulceration of both gums as far back as the first molars with moderate pharyngeal injection (Fig. 1). There was bilateral anterior and posterior cervical adenopathy, the largest being 2 cm in diameter. Heart and lungs were negative. Abdomen was negative.

Routine laboratory work was normal. Four sputum examinations were negative for acid fast, as were

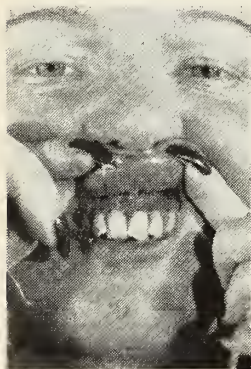


Fig. 1. Appearance of patient's gums.

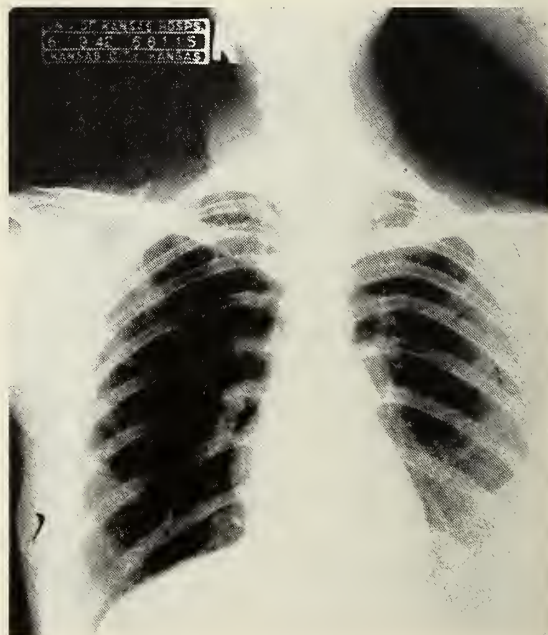


Fig. 2. Chest plate of patient.

\* Department of Internal Medicine, University of Kansas School of Medicine.

smears of the ulcerations. Sedimentation rate was moderately active or 28 mm in one hour.

X-ray examination of the chest showed bilateral minimal tuberculosis, inactive in appearance (Fig. 2). Microscopic sections of tissue from both the



Fig. 3. Microscopic appearance of granulation tissue.

gums and cervical glands showed chronic tuberculous granulation tissue (Fig. 3). Guinea pig inoculation from the biopsy of the gums confirmed tuberculous infection.

Treatment consisted of bed rest, high caloric, high vitamin diet, voice rest and other general measures. Patient received 1984 R units of X-ray to cervical areas and 1540 R units to gums and palate. Six months later the epiglottis and arytenoids were cauterized electrically.

At the present time, two years after the patient was first seen, she is clinically well.

#### REFERENCES

1. Rubin, E. H.: *Am. Rev. Tuberc.*, 1927, 16-39.
2. Martin, G. G. and Koepf, S. W.: *Am. Rev. Tuberc.*, April, 1938, 37-381.
3. Finney, J. M. T. and Finney, J. M. T., Jr.: *Surg., Gynec. & Obst.*, 1925, 40-743.
4. Fenerstein, B. L.: *Am. J. Surg.*, 1935, 29-313.
5. Thoma: *Oral Pathology*, 1st Ed., 1246.
6. Mead: *Diseases of the Mouth*, 5th Ed., 442.

#### SURPLUS PROPERTY FOR SALE

The Medical and Surgical Division of the Treasury's Office of Surplus Property has recently offered for sale large inventories of drugs and other medical supplies. A complete list of available supplies is given in a publication issued by the office, the *Surplus Reporter*, which is on file at the Journal office. Those interested may write the Journal for information or may address the Treasury Department, Procurement Division, 2605 Walnut Street, Kansas City 8, Missouri.

#### STATE MEETING CANCELLED

Owing to the urgent request of the Office of Defense Transportation, the Council voted on January 14 to cancel the annual session of the Kansas Medical Society this year. The O. D. T. asks that all conventions which are attended by 50 persons or more be eliminated except in instances where the war effort would be hindered if the convention were not held.

Your Council acted in accordance with many other similar groups such as the A. M. A. The convention in Philadelphia has been cancelled as well as numerous Council meetings scheduled for this winter and spring.

We regret that this action has been necessary because we each recognize the value of our state meeting. We regret the cancellation also because this year a program of exceptional interest had been planned. The Sedgwick County Society had completed preliminary plans. Commercial exhibits were to be attractively housed in booths draped in burgundy velour. A larger, more impressive scientific exhibit than ever shown in the past was to be displayed before a background of blue velour. A series of motion pictures was to have been presented. The scientific sessions were planned this year to comprise a unit in which the papers and the discussion periods, taking in a variety of subjects, would all be correlated. Even hotel reservations, the annual banquet and the entertainment had been arranged for.

The Council, in acting to cancel this meeting, added its sincere appreciation to the Sedgwick County Society for the splendid preparations that had been made and further provided that the next annual session will be held in Wichita. If the course of the war permits, this will take place in May, 1946.

#### COMPILING MEDICAL HISTORY

The medical history of World War II will be completed six months after victory in the Pacific, according to a recent announcement from Colonel Albert G. Love, historian of the Army Medical Department. Most of the officers now assigned to the program, many serving in overseas theaters, hold degrees in history from leading universities throughout the country and are capable of compiling valuable information on supply, personnel, training, and hospital construction.

Early publication of the history will be advantageous in that many of the administrative and scientific advances in military medicine will be applicable in planning for national defense and civilian practice. Thus the things the Army is learning today on the battlefronts—improved methods of collection and evacuation of the wounded, better medical and surgical care, the use of new drugs and appliances, control of communicable diseases, advances in reconditioning—are destined to reach the public domain while the knowledge acquired by the Army is still fresh.

The Surgeon General and other authorities in the War Department are lending full support to the historical project.

Dr. Earl C. Bonnett, formerly associate medical director of the Metropolitan Life Insurance company, has been appointed medical director of the company by the board of directors, according to an announcement by Frederick H. Ecker, chairman of the board, and Leroy A. Lincoln, president. Dr. Bonnett succeeds the late Dr. Charles L. Christiennin, who died October 18.

## *President's Page*


*To the Members of the Kansas Medical Society:*

At a meeting of the Council held in Topeka on January 14, it was decided not to hold an annual meeting in Wichita as had been planned on account of the Office of Defense Transportation ban on conventions of more than fifty. A meeting of the House of Delegates and Council will be called for some time in the spring to transact the business of the Society, the time and place to be determined by the Executive Committee.

The legislature is now in session in Topeka. Several bills important to the medical profession have been introduced, including the enabling act for the Kansas Physicians' Service and a bill codifying the Medical Practice Act. Our secretary is keeping an eye on the legislature and is sending out weekly bulletins to the secretaries of the county medical societies, giving a synopsis of all legislation introduced that affects medicine. If you are interested in the legislation, I would suggest you contact your secretary and read over these bulletins.

The Budget Committee has recommended to the legislature an item of \$15,000 for a Division of Cancer Control in the State Board of Health. I think it is very important that this appropriation be passed, as cancer now stands second as a cause of death in Kansas. In the past the Board of Health has been unable to carry on an active campaign for its control because of lack of funds. If this appropriation is passed, it will relieve this situation.

Yours very truly,

A handwritten signature in cursive script that reads "M. Trueheart, M.D." The signature is fluid and elegant, with the first name and last name clearly legible.

M. Trueheart, M.D., President

## EDITORIALS

### MEDICAL PRACTICE ACT

During the past few years the Statute Research Committee has been studying the Kansas Medical Practice Act in an effort to modernize certain provisions that are considered obsolete. On January 14, the Council met in Topeka and authorized Dr. Lattimore to introduce a bill on this subject.

On February 1, Dr. Lattimore introduced House Bill 95 into the legislature. Three or four weeks will elapse before anything definite develops, but information will be given from time to time to all county secretaries regarding the progress of this bill. Below are summarized the most important features.

When our present Medical Practice Act was drawn, there existed three schools of medical thought, allopaths, homeopaths, and eclectics. The present Board is made up of two representatives from each of the above mentioned schools.

At the present time medical thought has been solidified until these distinctions are no longer important. The bill introduced by Dr. Lattimore revises that restriction so that members of the Board are merely required to be doctors of medicine with license to practice in Kansas.

Contained also is a provision regarding osteopathy. This section is quoted in full: "Any person now licensed to practice and actively engaged in the practice of osteopathy in the state of Kansas may, if application is made prior to July 1, 1948, and upon payment of the prescribed fee, take the first regular examination given after proper application is made. If such person is successful in passing such examination, he shall receive a license to practice medicine and surgery in the state of Kansas; provided, however, that any person, licensed to and practicing osteopathy in the state of Kansas and now in military service or any branch thereof, shall be deemed, for the purpose of this section, to be practicing osteopathy in this state and may make application and take the first regular examination given by the Board following his release or discharge from such military service; and provided, further, however, that no person licensed to practice and actively engaged in the practice of osteopathy in the state of Kansas and licensed to practice medicine and surgery in accordance with the provisions hereof shall attach to his name the title M.D. or any word or abbreviation indicating that he is a doctor of medicine, but shall attach to his name the degree or de-

grees to which he is entitled by reason of his diploma or authority of his original respective licensing board."

The Council, after careful deliberation, was of the opinion that some solution to this problem is necessary. They recognized the responsibility medicine has toward the health and welfare of the people of Kansas and have offered this proposal as one means whereby a settlement of a long and unpleasant difficulty may be made.

### NEED FOR NURSES

By now everyone has received word about the shortage of nursing care for our armed forces. Within the past few weeks drafting of nurses has become a distinct possibility. The sober and calculating type of survey made by Mr. Walter Lippmann for the New York Herald-Tribune on December 19, 1944, offers a fair analysis of this problem. We quote the following paragraphs:

"The last thing our people will put up with is that sick and wounded American soldiers should suffer because the Army cannot find enough women to nurse them. Yet I am reporting only the stark truth, which is well known to the Army and to the leaders of the medical profession, when I say that in military hospitals at home and abroad our men are not receiving the nursing care they must have, and that with casualties increasing in number and in seriousness, this will mean for many of the men brought in from the battlefields that their recovery is delayed, and even jeopardized.

"No one will question this statement. So great is the shortage of women who are volunteering to nurse the sick and wounded that the Army has had twice to lower its own standard of nursing care. In 1941 the standard called for 120 nurses and 500 enlisted men in each general military hospital of 1,000 beds.

"By 1942 the Army had had to reduce the number of nurses to 105. Today in 1944, when our casualties are mounting, the Army has been driven to reduce its theoretical standard to 83 nurses and 450 enlisted men.

"Instead of one nurse to eight beds the Army has had to come down to asking (though it is not getting) one nurse to twelve beds. That this is a low standard is obvious when we realize that in civilian hospitals a ratio of one nurse to four or five patients is considered just barely sufficient.

"But even this standard to which the Army has been reduced is not being met. To meet it the Army Nurse Corps should now have 50,000 nurses. In fact

it has 41,500. Instead of a ratio—low enough in all conscience—of one to twelve, the average in fact in continental United States is now one to twenty-two.

"There are plenty of women in the United States who are already trained nurses. There are plenty of trained nurse's aides. There are women who are being trained as nurses and more can be trained as nurse's aides. The problem is soluble. But it is not being solved and there is no prospect that it is going to be solved by issuing appeals to the nurses to enlist in the Army. The problem can be solved only if the American people understand it, and then make up their minds to see that it is solved. This will demand very plain speaking.

"About two months ago there were in the United States some 27,000 nurses who were declared to be not engaged in essential nursing in civil life, and therefore eligible for the Army if they could pass the physical and other tests. The decision about who was essential was not made in Washington; it was made by responsible medical and nursing associations in each community, and we are entitled to assume that they took no unnecessary risks with the health of their own communities. The Army made an appeal to each of these 27,000 women. The Army received 760 answers, and 227 signed up. Out of the whole 27,000 the Army got less new recruits than there were nurses who for various good reasons had to leave the nurse corps during the month of November alone.

"Women are not subject to the draft. They cannot be forced to serve. Moreover, unlike workers in war industries, they cannot be paid to serve by giving them high wages. They are neither compelled nor induced; they have neither a legal duty nor a pecuniary reward. This means that each woman who volunteers must do so because she has a much higher sense of public duty than we expect or find in the general average of this or any other nation.

"But it means also that each trained nurse who has to make the choice of enlisting is in fact offered a strong inducement not to enlist. If she stays in civilian nursing, she does not have to place herself under Army discipline, or go away from home, or face the discomforts and risks of service in the theaters of war. She can make a great deal more money because the civilian patients have a lot of money, and are willing to pay high prices for special private nursing. Finally, she is subject to considerable pressure of one kind and another to stay where she is, and so to protect her job and her career after the war.

"Women, though they are fit and without family responsibilities, have no national duty under the law

to serve their country; there are combined financial and institutional and what might be called professional trade-union pressures upon women to prefer civilian to military service. The result is not only to discourage enlistment in the nurse corps, but to create inertia and resistance in the face of the many practical efforts being made to enlarge the supply of women who can do some nursing, be it as nurse's aides or WACS. Only an aroused and informed public opinion, focused as it may be by a Congressional inquiry, can break this logjam in the recruitment of women to nurse the sick and wounded soldiers of the American Army.

"The record of the Medical Corps thus far is brilliant—measured by the lives it has saved, by the numbers of men who have been spared the crippling effects of their wounds, by the number of men returned to good health who in other wars would have become lifelong invalids.

"But I am saying, not on my own authority, of course, but on that of the responsible commanders, that this record cannot be sustained if the work of the surgeons and doctors and of the devoted Army nurses and corpsmen is not reinforced at once by more women—by women who know how to nurse the sick, and who by their presence, and because they are women moving about among men who are in pain, in fever, in low spirits, and are lonely, evoke the will to live and to recover."

We believe that once the problem is clearly presented to the American people, nurses will work out their own solution, that once this need is sufficiently emphasized, a patriotism among nurses similar to that which prompted doctors to volunteer for service will be evidenced. We sincerely hope that drafting of nurses will not be undertaken.

## MEDICAL ASSISTANTS

Several doctors met with the Executive Council of the Medical Assistants' Society and listened to a serious discussion on whether the annual convention of the group should be cancelled. The Executive Council was familiar with the recent O. D. T. request; they understood that the Kansas Medical Society had cancelled its annual session; they were anxious to do whatever was necessary to cooperate with the war effort.

Then the doctors spoke. They recommended that this convention should be held and urged that a meeting of the type here proposed would aid rather than hinder the war effort. This is comparable to class room study rather than the popular idea of a convention.

The Kansas Medical Assistants' Society is organized only for the purpose of offering to the doctors of Kansas a better and more unified service. Details that are cared for by the office assistant can greatly simplify the routine of a doctor's practice. It stands to reason, therefore, that the girl who is efficient in her work becomes more valuable to the doctor who has employed her. In the interest of efficiency it was felt that the Kansas Medical Assistants' Society should hold a meeting.

Although not definitely decided, this will probably be held in Emporia for one day on Sunday, May 6. There will be no exhibits and no organized entertainment. The girls who attend will be obtaining instruction, and when they return they will bring back to your offices the benefits they have received. Acting upon this advice, the Council sent an application to the Office of Defense Transportation in Washington requesting official approval for this meeting.

Other announcements will be carried in the future. We wish here only to advise the reason for not cancelling this convention. We also recommend, if it is at all possible for your medical assistant to attend, that you encourage her to be present at this meeting.

## TUBERCULOSIS SURVEY

The American Hospital Association stated on January 11 that tuberculosis has caused more than half as many deaths since Pearl Harbor as the war itself. They recall that of every 100,000 people in the United States in 1943, 44 died of tuberculosis. Facilities available today make it possible to discover from 70 to 75 per cent of the cases in their minimal or primary stages. Without these precautions, as many as 90 per cent might be undiscovered.

Hospitals in 1943 admitted over 27 million patients, and since one person in ten makes use of his hospital at some time during a year, a nation-wide program of hospital examination would reach most of the country's population in a few years, including many who would not be included in employee surveys.

Kansas has anticipated such work and already one hospital is offering a routine chest x-ray picture to all patients admitted. The results of this survey will be published after an experiment lasting one year. Other hospitals in Kansas, becoming interested in the statement of the State Board of Health that if routine chest examinations are given to all patients, ten per cent will reveal previously undiagnosed chest pathology, are negotiating for similar equipment.

## NOW IS THE TIME

*(Editor's Note: The following editorial written by Mr. Frank Motz, editor and manager of the Hays, Kansas, Daily News, appeared in his paper January 9, 1945. Under the heading "Now Is the Time," the editorial expressed approval of the doctors of Kansas. It is of interest to readers of the Journal because it presents a layman's view of socialized medicine.)*

The Blue Cross hospitalization plan merits the consideration of all businesses of Hays and also of civic clubs and other groups. Fortunately the response to Blue Cross enrollment, as reported today, is encouraging.

Credit for a program of hospitalization within the reach of every wage earner and salaried person must be given the physicians. It is the doctors' answer to socialized medicine. It has the unqualified backing of hospitals. If the medicos of every state give the same endorsement and encouragement to Blue Cross that this organization is receiving in Kansas, there will be no need of encroachment of federal authority into the field of medicine and surgery. Under the Blue Cross plan every employee will have hospitalization insurance. Under a measure pending in Congress which would socialize medicine, all medical and hospital fees would be fixed. A local board or bureau would have full authority to select physicians, determine benefits, designate fees—in short, regulate medical care and attention of the individual much in the same manner in which the OPA operates in fixing price controls. Socialization of medicine is designed as a further step toward complete regimentation of the daily life of American citizen adults and their children. Once established as a governmental regulation it would be permanent. It is pointed out it has succeeded admirably in Russia. No doubt. But the shoe that fits Russia pinches the American foot. Complete collectivization is the Soviet's way of life and by the same token it is abhorrent to a people who since the War of the Revolution have prided themselves on their individual liberties and their privilege of shaping their own lives as they like. There is no freedom of the American that lies nearer his heart than the right to select his family doctor and when hospitalization is necessary, go to the hospital of his choice.

Every business firm in Hays which is eligible, should enroll in Blue Cross. It is as nearly one hundred per cent advantageous as any plan that has been devised for the benefit of the greatest number.

## APPROVES 231 HOSPITALS

The American College of Surgeons announces that 231 hospitals in the United States and Canada have been approved for graduate training in general surgery and the surgical specialties, nine more than were approved last year. Included in the list approved for training in general surgery and obstetrics and gynecology are the University of Kansas hospitals at Kansas City.

The College plans to survey 500 or more hospitals during the coming year, the increased emphasis upon this work being stimulated by the need for providing ample opportunities for resumption of training by medical officers when they return from service with the armed forces.

Through Major General Charles R. Reynolds, consultant in graduate training in surgery, Dr. George H. Miller, director of educational activities, and Dr. Paul S. Ferguson, director of surveys, the College helps hospitals organize graduate training programs which will meet the requirements for approval and also plans to aid physicians returning from service in resuming training in surgery.

## EXECUTIVE OFFICE

Elsewhere in the Journal may be found notes regarding the legislature. We wish to offer comments here from persons outside the medical profession giving various opinions that prevail today on the general subject of what the public thinks of medicine in the United States.

On December 9, 1944, Mr. Frederic Nelson, associate editor of the Saturday Evening Post, published an article entitled "The Doctor Glares at State Medicine." If you still have that issue of the Post you will want to read the entire article, but we are quoting three paragraphs. Mr. Nelson has given the doctor's view of state medicine and then gives his version of what the public thinks.

"The patients never wanted state medicine anyway, but only some sort of prepayment scheme which would make it possible for a man of modest income to pay his own medical bills. Actually, the doctors want this too. They welcome patients who carry health insurance and many of them encourage and participate in group-insurance and group-medicine plans. But they don't want a system, like that proposed in the Wagner Bill, in which the qualifications of doctors, educational standards and the right to specialize in practice are determined by a board headed by the Surgeon General.

"Because he isn't much on politics, the doctor messed up his case pretty badly at first. Consequently, he got himself sued under the antitrust laws and pictured to the untutored as a leech who translates the oath of Hippocrates into English as 'Never give a sucker an even break.' Actually, every man knows that his own doctor is a faithful and hard-working practitioner whose personal convenience is always at the mercy of his most capricious patient. We all know doctors who perform endless labors for nothing and treat the indigent as faithfully as their few wealthy customers. But so bad have been medical public relations that advocates of state medicine have succeeded in creating a doctor who doesn't exist at all—a cold, calculating, selfish, reactionary politician whose object is to keep a very few people just well enough to pay exorbitant bills, but not healthy enough to dispense with the doctor. That picture, however, is changing. People are coming to find the bedside manner of Wagner, Murray and Dingell a little unctuous.

"The doctors have more to do—and I'm passing this along to the next doctor who treats me, if the door is handy—and that is to understand a little more fully than some of them do now that the public is not much interested in socializing them, but is genuinely concerned with the costs of medical care as a real problem in the lives of most people. *Pari passu*, the social planners may as well climb down from their high horse and interest themselves in the development of medical care on evolutionary lines, and by doctors, instead of a device to make doctors into political functionaries, thereby making the lot of the patients, including the poor ones, worse instead of better."

We also want to call to your attention a long article published in the December issue of *Fortune* entitled "Medicine in Transition." We thoroughly recommend this to you for a calculating review that is written in as unprejudiced a way as possible. Nor is it always favorable to the position you take on this subject. We recommend it because it is thought provoking and because the article very clearly points the way to dangers which we face. We are quoting the last two paragraphs of this article.

"No complicated, flexible, voluntary compromise between the status quo and state medicine will have a reasonable chance of growing to meet all unmet medical needs except under two general conditions. The first is that the country be prosperous, with reasonably full employment so that the bulk of the people are able to pay their own contributions without government help. Second, government at all levels, employers, the great mass of potential patients, and, above all, the medical profession must show a degree of social inventiveness and a determination hitherto unknown.

"If either of these conditions is absent, the U. S. is probably headed through a spotty and unsatisfactory experience with voluntary medical insurance toward compulsory nation-wide insurance. Dr. Alan Gregg of the Rockefeller Foundation thinks that medicine may be in the state that education was in a hundred years ago—moving from a private to a public sphere. The analogy is too close for the comfort of those who want guarantees that medicine will not fall under the control of public servants, those who prefer voluntary methods, dispersed controls, and many minor forms of collectivism to one big collective step. The responsibility of the doctors takes the form of a dilemma that they must face: if they do not themselves aggressively foster and encourage considerable reform in medical economics, they are likely to find themselves swept into something that will seem revolutionary by comparison. By one means or another, medical security is undoubtedly coming. The consumers are making a social issue of it and it will, before too long, be met socially."

The Michigan Medical Society employed Mr. John F. Hunt, an executive of Foote, Cone and Belding, to conduct a survey of what people in Michigan think of medicine. He spoke before their state society, analyzing opinions expressed by five thousand persons who were interviewed. Twenty-eight basic questions were asked and 162 charts were prepared to establish the meaning of their answers. Here are a few of the results.

More than 81 per cent of those questioned said they would advise their son or daughter to enter the medical profession. Only 11 per cent would advise against it. That group did so principally because of the belief that the life was too strenuous. Only 70 per cent would advise dentistry and 75 per cent nursing. This means that the public still thinks the medical profession a good vocation. Better yet is their reaction to the job doctors are doing for the public. Ninety-two per cent said it was good; only four per cent believe it to be bad.

So much for the optimistic side. People were asked if they believed the doctor was honest in his dealings with patients. Sixty-one per cent still believed he was but 28 per cent said no. Mr. Hunt advises that "You also may say, 'They probably think other professions are far less honest.' That doesn't make any difference either. It's your business that's being threatened."

The public was asked if they would still advise their sons or daughters to enter the medical profession if the profession was controlled by the government. Here the answer was only 45 per cent as compared to 81 per cent when government control was not included.

Those interviewed were asked to state the type of medical care they preferred whether under the present system, insurance companies, the government, or insurance sponsored by the medical profession. Forty-three per cent of the people voiced their choice against government control. That group was almost evenly divided as favoring either the present system or the plan proposed by the medical profession. The next highest selection was insurance com-

pany plans. Thirty-nine per cent favored government control but when asked which medical care they would choose, 27 per cent of these still favored the plan sponsored by the medical profession. Only 37 per cent favored the government plan. This indicates that when given another choice almost two-thirds will desert government control in favor of other plans. The largest group, when offered a choice, preferred professionally controlled pre-payment plans.

Two other questions are worthy of comment. Among those asked in Michigan, 75 per cent claimed never to have heard of a medical service plan. This is important because Michigan had operated the plan for several years prior to this survey. It is interesting also to note that where the plan was available to employees, 79 per cent among those questioned took advantage of the plan.

This means that pre-payment medical insurance as offered by the medical profession is popular. It is preferred to any other type of medical care as evidenced by the survey in Michigan. This survey, however, calls attention to the fact that publicity has not reached enough people and that more effective means must be employed before the medical profession can satisfactorily answer proponents of socialized medicine who argue that voluntary insurance will not work.

## FEDERAL LEGISLATION

The Congress of the United States has suddenly become interested again in the question of medical care. Numerous bills of one kind or another have been introduced and have been summarized by the American Medical Association office in Washington.

At one extreme is H. R. 491 introduced by Mr. Lemke of North Dakota, attempting to prohibit vivisection upon dogs in the District of Columbia. Although limited to a small area, this bill, if passed, will have a profound effect on legislatures in the various states.

Also introduced is the 1945 version of the highly publicized Wagner bill. Mr. Dingell of Michigan introduced H. R. 395, which is a revision of the bill that caused a flurry of discussion last year. A companion bill has not been introduced in the Senate, but it is understood that Senator Wagner of New York will have one ready in the near future.

H. R. 395 carries provisions for compulsory medical insurance similar to those found in S. 1161. Medical benefits shall include all kinds of medical service. Hospital benefits are limited to 30 days except as additional money becomes available, when 90 days hospital stay will be provided during each calendar year. Again the Surgeon General of the Public Health Service, together with an advisory committee, is authorized to carry out the provisions of this act; again services of specialists will be carefully supervised; again appears the same compulsory tone as was found in the previous measure.

Also introduced is H. R. 1391 by Mr. A. L. Miller of Nebraska. This bill provides for a secretary of national health who is to be appointed by the President, by and with the advice and consent of the Senate. It would be his duty to coordinate the activities of some 32 Federal agencies that now deal with various phases of health. Representative Miller writes, "It is my thought that a secretary of national health might bring all these activities under one umbrella and thus consolidate and eliminate some of the overlapping activities. I would be pleased to have your reaction to the bill."

Anyone wishing to correspond on this subject, may write Representative A. L. Miller, House of Representatives, Congress of the United States, Washington, D. C.

## KANSAS PHYSICIANS' SERVICE, INC.

Representative J. L. Lattimore of Shawnee County introduced an enabling act asking for permission to organize the Kansas Physicians' Service, Inc. This bill should reach the floor of the House by the third week of February and if passed by that body will go to the Senate.

The enabling act authorizes the organization of a company to sell insurance against the high cost of surgery, obstetrics, orthopedics and certain selected illnesses. It states that wherever 400 or more physicians licensed by a medical board of the state of Kansas organize an insurance company in this state, it will be authorized to operate providing at least \$5,000 will be deposited with the insurance commissioner.

Since many details are still to be decided and since no part of the plan can become effective without legislative approval, comment at this time is merely speculative. We prefer, therefore, to direct your attention to an editorial by Norman M. Scott, M.D., Medical Director of the Medical Service Administration of New Jersey. This was written for the Virginia Medical Monthly and appeared in the issue of January, 1945.

New Jersey, after 27 months experience in this field, has arrived at certain definite conclusions concerning insurance programs. Many of these are so similar to the views of your committee that the expressions could be transposed as coming directly from Kansas, except for the experience that supports the opinions of Dr. Scott. The next paragraphs are borrowed from his article.

"In organizing and operating a Plan there will be need of assistance from some organization experienced in the field of insurance. I hope this will be your Blue Cross Hospital Plan. Any agreement with a Blue Cross Plan must be flexible and be interpreted liberally enough to meet with many unpredictable contingencies which will arise. Before making any agreement, the officers of each Plan should have faith in the integrity and fairness of the officers of the other. If this does not exist there should be no agreement. Under the agreement the Medical Plan should retain its corporate identity. Each Plan should have a definitely defined scope of function and the Hospital Plan should be granted no authority over physicians, the relationship between the Medical Plan and physicians or the relationship between the physician and patient. It should be an administrative agreement only, and not interfere with the Medical Plan's privilege of determining policies.

"In organizing and operating a Medical Plan, any spirit of false altruism you may entertain will soon be dispelled as you realize that you must have money in the bank to pay for the services rendered. Medicine must not attack this problem with its fingers crossed. If we do, it may bounce back and push us one step closer to compulsory sickness insurance. There must be adequate income to support reasonable fees. The Plan must be built within the present frame work of medical practice, provide free choice of physician and patient, free enterprise and personal initiative of the physician, maintain high standards of care and provide adequate income to the profession.

"Medical-Surgical Plan has been in operation for 27 months. It provides benefits toward payment for medical surgical, obstetrical, consulting, anesthesia services and the services of a surgical assistant rendered in hospital. We include benefits for medical care because we feel that adequate care is not possible without it. It is a new phase of sickness insurance and our experience should be of value to any group contemplating a new Plan. The total cost of medical care is less than we anticipated.

"The subscription rate is 75 cents per month for the

single person contract and \$2.00 per month for the family contract including all children under 18 years of age. Our 2,900 participating physicians deem as payment in full the amount payable by the Plan for services rendered in hospital to patients admitted for semi-private or ward hospital accommodations. Payments for services rendered patients admitted for private room accommodations are considered indemnity against the physician's regular fee and the patient is liable for any balance. Hospital Service Plan of New Jersey distributes our contracts, does our billing and collections and general accounting. For this service we pay them 12 per cent of our monthly earned income. The Plan is self-supporting, has paid all claims and operating expenses from its earned income and accumulated modest reserves. Fees are exemplified by: medical, \$5.00 for initial visit and \$3.00 for subsequent daily visit; surgical, appendectomy \$100, complete hysterectomy \$150, inguinal hernia repair \$75.00, consultations \$10.00 and other fees consistent with these examples.

"Income per person is the basic income unit, particularly important if family contracts are to include all eligible dependents regardless of number. Our income per person has remained constant at \$0.67 per month. It is the yield obtainable by our subscription rate in New Jersey where the average family of 3.8 persons is buffered in the Plan by an enrollment containing 42 per cent of single contracts. It might not apply in your Plan because of differences in the size of the average family, different underwriting policies and difference in the percentage of single persons in industry.

"The second, and most important factor, is the percentage of persons enrolled in each group. In groups with enrollments of 30 per cent of employees our claim costs have been 67 per cent of income from the groups, while in groups with 75 per cent enrollment the cost has been 44 per cent of income. Claim costs rise as our groups become eligible for tonsillectomies and obstetrical care. The higher the percentage of enrollment the more favorable is the cross section of health in the group.

"The hospital admission rate to general hospitals among the general population of New Jersey is 77 per thousand per year. Our admission rate from January to July, 1944, was 86. In July it was 104 and in August 113 due to large number of tonsillectomies and elective gynecology during the school vacation period. (In September with the opening of schools the rate fell to 79.) The difference between this normal rate and our rate is due to the admission to hospital from among our subscribers of many persons who would not otherwise have entered hospital for treatment because of costs. We are improving medical care distribution and are developing a new source of income for the profession.

"The number of patients cared for in semi-private rooms is important to us as our participating physicians accept as complete payment the amount payable by the Plan for their care. This basis of payment has caused some difficulties and will be changed in our new contract effective November 1 to an income-level basis. Above certain specified incomes the participating physician will charge his regular fee and credit the schedule toward the bill, looking to the patient for the balance, if any.

"Your operating costs will depend to a large extent upon your agreement with your Blue Cross Plan. Whatever the actual cost will be for their services, it will be less than it would cost you otherwise to duplicate their services. Costs will decline as you increase your enrollment. It should eventually be no more than the cost of operating the Blue

Cross Plan. During our first six months of operation our operating costs totalled 51.2 per cent of our earned income, of which we assumed 39.2 per cent and paid the Hospital Plan 12 per cent. During the year 1943 this total was reduced to 23.9. For the six months of 1944 it has totalled 19 per cent and in July, 1944, was 17.7 per cent. We have paid all of our own expenses and the \$5,000 donated by the Society for this purpose remains intact.

"Our total payment in fees equals 80 per cent of the total amount billed to us at the regular fee of the physician. This compares favorably with the collection rate of physicians during normal economic periods.

"In conclusion: We believe our experience indicates that the medical care needs of employed, self-supporting persons in New Jersey can be met on a voluntary, prepayment insurance basis; providing the medical profession and the people are willing to attack the problem on the basis outlined in this paper."

## MEETING CANCELLATIONS

The request of the Office of Defense Transportation which caused cancellation of the annual session of the Kansas Medical Society also occasioned cancellation of numerous other meetings and conventions, according to notices received by the Journal recently.

The annual meeting of the American Medical Association, scheduled for Philadelphia, will not be held.

The American College of Surgeons, which has voluntarily omitted its annual Clinical Congress ever since the United States entered the war, now announces deferment of its 1945 series of war sessions, four of which were to have been held in February in St. Louis, Louisville, Milwaukee and Cleveland.

Cancellation notices have also been received for a number of meetings which were to have been held in Chicago: the Nineteenth Annual Conference on Medical Service on February 11, the Congress on Medical Education and Licensure on February 12 and 13, and the Congress on Industrial Health on February 13, 14 and 15. The Institute of Medicine of Chicago announces also that the Midwest Conference on Rehabilitation, scheduled for February 12, will not be held.

A notice from the American College of Radiology cancels conferences which had been scheduled for February 9 and 10.

## RED CROSS SOLICITS SUPPORT

The month of March has been officially designated Red Cross Month by President Roosevelt, and during that period the 1945 Red Cross War Fund will be raised. Since all activities are financed by voluntary contributions, universal support is necessary.

During this time of war the service man, his wife, his children, and his aged parents have first claim upon the services of the Red Cross. It will stand by during long periods of hospitalization, it will aid veterans of this war returning to civil life and adjusting themselves to new conditions, it will guard the welfare of their families, and it will help needy refugees and waifs of war.

In addition, the essential and humanitarian services which at home have characterized the Red Cross through the years will be continued, disaster relief, home nursing instruction, nurse's aide training, and other activities.

As long as human needs remain, the Red Cross needs generous support.

## NEW DOCTORS OF MEDICINE

Licenses to practice medicine and surgery in Kansas were granted to 99 doctors recently as the result of special examinations given in Kansas City, Kansas, November 2 and 3, 1944, for the convenience of the graduating class of the School of Medicine, University of Kansas. In the complete list below, the names of those who received licenses by reciprocity are indicated by an asterisk.

William Aldis, Emporia, Kansas.  
 Robert E. Allen, Lawrence, Kansas.  
 Eugene G. Anderson, Lawrence, Kansas.  
 Albert E. Bair, Newton, Kansas.  
 Charles L. Bartell, Topeka, Kansas.  
 Menford L. Bauman, Kansas City, Kansas.  
 Spencer Bayles, Lawrence, Kansas.  
 \*Frank S. Beck, Kansas City, Kansas.  
 Charles G. Blauw, Kansas City, Missouri.  
 \*George M. Boteler, St. Joseph, Missouri.  
 Richard J. Braitsch, Wichita, Kansas.  
 Clyde L. Brower, Independence, Missouri.  
 David R. Brown, Wichita, Kansas.  
 Robert S. Brown, Hoisington, Kansas.  
 William M. Brownell, Wichita, Kansas.  
 Mary F. Callaghan, Wichita, Kansas.  
 Paul W. Carlisle, Mentone, California.  
 Erland R. Carlsson, Kansas City, Kansas.  
 Ernest P. Carreau, Wichita, Kansas.  
 Dean C. Chaffee, Solomon, Kansas.  
 Lynn D. Chaffee, Solomon, Kansas.  
 Margaret G. Clark, Lawrence, Kansas.  
 Robert W. Collett, Wellington, Kansas.  
 William R. Coutant, Iola, Kansas.  
 John F. Coyle, Coffeyville, Kansas.  
 Ernest W. Crow, Wichita, Kansas.  
 George R. Davis, Studley, Kansas.  
 Albert I. Decker, Jr., Lawrence, Kansas.  
 Jack A. Dunagin, Topeka, Kansas.  
 Henry H. Dunham, Stark, Kansas.  
 R. Glenn Elliott, Clay Center, Kansas.  
 Merrill D. Evans, Kansas City, Missouri.  
 Claude C. Farley, Kansas City, Missouri.  
 Robert L. Faucett, Kansas City, Missouri.  
 Lee S. Fent, Newton, Kansas.  
 H. Alden Flanders, Ellsworth, Kansas.  
 Glen Floyd, Sedan, Kansas.  
 William P. Folck, Junction City, Kansas.  
 Mac F. Frederick, Sterling, Kansas.  
 Philip L. Galloway, Kansas City, Missouri.  
 \*Eldred L. Gann, Washington, D. C.  
 Roy F. Garrison, Kansas City, Missouri.  
 Charles F. Grabske, Jr., Independence, Missouri.  
 Virgil B. Gray, Jr., Muskogee, Oklahoma.  
 Bernard H. Hall, Lawrence, Kansas.  
 Norvan D. Harris, Bird City, Kansas.  
 G. Leverne Hekhuis, Wichita, Kansas.  
 Cline D. Hensley, Jr., Wichita, Kansas.  
 Robert F. Horseman, Kansas City, Kansas.  
 Warren J. Hunzicker, Lawrence, Kansas.  
 Samuel C. Iwig, Jr., Topeka, Kansas.  
 Edward G. Kettner, Lawrence, Kansas.  
 Frederick W. King, Marion, Kansas.  
 Alexander J. Laham, Wichita, Kansas.  
 Kenneth L. Lohmeyer, Bern, Kansas.  
 Delphia D. Louk, Arkansas City, Kansas.  
 \*Thomas A. Lowery, Wichita, Kansas.  
 James A. McClure, Topeka, Kansas.  
 \*Gordon M. Martin, Kansas City, Kansas.

Hugh S. Mathewson, Topeka, Kansas.  
 Ben H. Mayer, Jr., Ellsworth, Kansas.  
 Andrew D. Mitchell, Topeka, Kansas.  
 Charles E. Montgomery, Jr., Hoxie, Kansas.  
 James M. Mott, Jr., Lawrence, Kansas.  
 Lawrence S. Nelson, Jr., Salina, Kansas.  
 Margaret L. Nelson, Lawrence, Kansas.  
 Edward R. Nigro, Kansas City, Missouri.  
 William A. Nixon, Kansas City, Missouri.  
 O'Ruth S. Petterson, Lake City, Kansas.  
 Perry D. Petterson, Kansas City, Kansas.  
 Donald K. Piper, Osawatomie, Kansas.  
 George H. Powers, Haviland, Kansas.  
 Charles Prudhomme, Kansas City, Missouri.  
 A. Wallace Puntenney, Newton, Kansas.  
 Arthur W. Robinson, Kansas City, Missouri.  
 Philip W. Russell, Kansas City, Missouri.  
 William F. Sanders, Wichita, Kansas.  
 Robert L. Satterlee, Macksville, Kansas.  
 Michael W. Scimeca, Caney, Kansas.  
 Dorothy J. Shaad, Kansas City, Kansas.  
 Robert N. Shears, Hutchinson, Kansas.  
 Glen R. Shepherd, Jr., Kansas City, Kansas.  
 William T. Sirridge, Kansas City, Kansas.  
 Delbert F. Small, Conway Springs, Kansas.  
 Bruce G. Smith, Pawnee Rock, Kansas.  
 Floyd L. Smith, Colby, Kansas.  
 Joseph H. Spearing, Columbus, Kansas.  
 Marjorie J. Spurrier, Kingman, Kansas.  
 James R. Stark, Sabetha, Kansas.  
 Morris Stadland, Kansas City, Missouri.  
 Harry A. Underwood, Kansas City, Kansas.  
 Charles W. Vickers, Kansas City, Missouri.  
 Frederick C. Wallingford, Cherryvale, Kansas.  
 Darrell J. Weber, Wilson, Kansas.  
 George A. Westfall, Jr., Halstead, Kansas.  
 Fred S. Winter, Schenectady, New York.  
 Frederick P. Wolff, Everest, Kansas.  
 \*Maurice F. Stock, Topeka, Kansas.  
 \*Edward T. Whiting, Pratt, Kansas.

## HAROFÉ HAIVRI

The seventeenth anniversary issue of the Harofé Haivri, the Hebrew Medical Journal, has been issued, covering a variety of medical topics and related subjects.

Included in the medical section are discussions on many subjects such as "Cesarean Section (Its Uses and Abuses)" by Dr. H. J. Epstein and Dr. A. J. Rongy, "Malaria in Public Health" by Dr. A. J. Levy, "Stricture of the Rectum" by Dr. E. Rapaport, "Cancer of the Skin" by Dr. O. L. Levin and Dr. H. T. Behrman, and "The Painless and Bloodless Treatment of Calcified Bursitis" by Dr. J. Echtenman.

Under the heading of Jews and Health, Dr. L. Wulman, organizer of the American branch of the OSE, presents an article "OSE—Its Achievement and Plans for the Post-War Period." The OSE originated in Russia in 1912 and derives its name from the initials of the Russian words which mean Society for Safeguarding the Health of the Jews.

In the section of Personalalia Dr. Solomon R. Kagan offers an article entitled "Jews as Nobel Prize Winners in Medicine," among whom are such outstanding physicians as Ehrlich, Metchnikoff, Barany, Willstaetter, Meyerhof, Landsteiner, Warburg, Loewi and Erlanger.

The volume was edited by Dr. Moses Einhorn.

## MEN IN SERVICE

The following letter was received recently from Major Kenneth L. Druet of Salina, who is now stationed at El Paso, Texas:

"I would like to report that I have recently had a P. C. S. and my new address is William Beaumont General Hospital, El Paso, Texas, Box 110. We look forward each month to receiving the Journal and do appreciate getting it. The original articles and the news notes are of great interest to us.

"The past two years I have been stationed at Army and Navy General Hospital as cardiologist and had the good fortune of spending the first year under Col. I. S. Wright, peripheral vascular man from N. Y. P. G., and the second year under Col. Hench, the rheumatologist from the Mayo Clinic. In September, I was transferred here as cardiologist for Beaumont, Fort Bliss and Biggs Field.

"Captain Rueb from Salina was formerly stationed here and was very highly thought of. Major Pendleton and Lieut. Francisco, both K. U. men, are assigned to this post. I understand that Captain Hatton is somewhere in this service command and would like to hear from him.

"The 77th Evac. certainly has a glorious record. I have met many people who knew this unit and all agree that it is one of the most efficient and popular outfits in the E. T. O. Maurice Snyder from Salina has become very prominent and as "us docs" from Salina all respected his professional abilities I can't resist a little plug for a home town."

Lieut. Robert W. McIntire, Olathe, is now serving on the surgical staff of an Army general hospital in Belgium and, according to a recent report, was one of the volunteers to remain with the hospital during the second week of the German counterattack in December. Most of the hospital personnel and equipment was evacuated, but nine doctors remained to give immediate aid to battle casualties, performing operations and giving blood transfusions and shock treatment. After three days the group was withdrawn on orders from higher headquarters.

Captain Leslie F. Eaton, who formerly practiced in Salina, is now chief of the genito-urinary service in a general hospital in France. He wrote Mrs. Eaton recently that he had seen several former K. U. men in France and in England, mentioning particularly Dr. Byron C. Smith, who is with a general hospital consisting of men from Belve in New York City, and Dr. Martin Leichter, who had practiced in Burbank, California, before going into the service.

Dr. John Mitchell, former Saline county health officer, is now serving in Holland as a medical corps surgeon.

Lieut. Col. Leslie E. Knapp, who has spent 24 months in the Middle-East theater, enjoyed leave last month visiting in Wichita, where he practiced before entering the service.

Lieut. Col. Maurice Snyder, a former Salina doctor, is now serving as chief of the medical staff of the 77th evacuation hospital in Belgium.

*The Neurological Hospital, 2625 The Paseo, Kansas City, Missouri. Operated by the Robinson Clinic, for the care and treatment of nervous and mental patients and associated conditions.*



**CAMP**  
TRADE MARK

**Surgical Supports**  
COMPREHENSIVE STOCK  
FOR MEN AND WOMEN  
EXPERT FITTERS  
To Serve Your Patients

**THE W. E. ISLE CO.**  
ENTIRE SECOND FLOOR  
1121 GRAND AVENUE  
KANSAS CITY, MISSOURI  
VICTOR 2350



## Hotel Jayhawk

TOPEKA ~ KANSAS

**Main Dining Rooms and Coffee Shop**

Air Conditioned and Refrigerated

Many Private Dining Rooms Available for Special Parties

**THE MOSBY HOTEL CO.**

N. M. Mosby, Pres. & Gen. Mgr.

Captain R. E. Bula, Lyons physician, has been a patient in an Army hospital somewhere in the Pacific, probably the Philippines, according to word received by Mrs. Bula. He had not been wounded but was receiving treatment for a low blood pressure condition.

Major John A. Grove, former member of the staff of Axtell Clinic, Newton, who was recently admitted to membership in the American College of Surgeons, has been serving in England in the Army medical corps for the past 18 months. He is surgical coordinator in charge of fractures for a group of military hospitals.

After two years in the South Pacific, Lieut. Comdr. Delbert A. Ward, who formerly practiced in Arkansas City, has returned to this country to report to a naval hospital at Oakland, California. He saw active duty in the Munda and Green island invasions and was stationed for a time in New Caledonia and the New Hebrides.

Lieut. Col. Guy A. Finney, who has been stationed at Camp Swift, Austin, Texas, for the past two years, recently spent a leave at his home in Topeka before reporting for duty at El Paso, Texas.

### COMBAT PAY FOR MEDICAL UNITS

Assurance that the War Department is giving its attention to additional recognition for men of the Medical Corps serving with combat units is found in a wholly credible report from France that General Eisenhower has recommended to visiting Congressmen that personnel of medical units receive extra combat pay comparable to that received by the combat unit they serve.

Secretary Stimson indicates that the case of the man of the Medical Corps presents a separate problem because of his non-combat status under the Geneva Convention, but separate insignia and a separate pay system would seem to clear that hurdle. Although men in the Medical Corps receive more technical ratings than men in other branches of the service, thus boosting average pay, the medic who hasn't a rating is not helped thereby, nor is there compensation for the corps generally when it leaves a safe spot for the shooting front.

According to official news releases, the Army's vast medical center in Washington, D. C., is cutting the war death rate by thousands and returning the wounded to health as rapidly as modern technics can make it possible. The emergency capacity of the hospital is 3,225, and officers and enlisted men from all theaters of war are brought there for treatment.

Among the especially successful departments is the division of plastic surgery, which has been treating soldiers who have suffered head wounds and burns. A relatively new technic is being used with the Padgett dermatome for skin grafting. The dermatome was developed by Dr. Earl C. Padgett, of Kansas City, Missouri.

The encephalograph, recently invented instrument for the detection of brain tumors and other disorders, is also in use at the center.

The center is equipped with a dental laboratory that regularly stocks 70,000 false teeth, of which approximately 16,000 are used monthly. There is also a complete shop for the manufacture of artificial limbs and braces, although sulfa drugs have materially reduced amputations.

FOR THE MOST



MONEY TO YOU  
OUT OF DELINQUENT PATIENT RECEIVABLES

USE THE

ASSOCIATED CREDIT BUREAU

SUITES 3-4, PALACE BLDG., EMPORIA

L.D. PHONE 2444

Associated with the select bureaux of the National Association of Medical Dental Bureaus and the powerful retailer's bureaux, the Associated Credit Bureaus of America, Inc.

*A No Collection No Charge Plan. Write or Telephone Us. Thank You*

PAUL O. KRUEGER, Executive Director



## ALCOHOL—MORPHINE—BARBITAL

ADDICTIONS Successfully Treated Since 1897—  
Founded by B. B. Ralph, M.D.

*Write for description booklet*

**The Ralph Sanitarium**

529 Highland Ave.

Kansas City, Mo.

Telephone—Victor 4850

Registered by the Council on Medical Education and Hospitals  
of the A. M. A.



## COUNTY SOCIETIES

Many county societies elected new officers at meetings held during December and January, and the following were chosen to direct affairs of the various groups during 1945:

Clay County Society—President, Dr. F. C. Shepard, Clay Center; vice president, Dr. William M. VanScoyoc, Clifton; secretary-treasurer, Dr. F. R. Croson, Clay Center; censor, Dr. J. B. Stoll, Clay Center; delegate to state meeting, Dr. A. W. Butcher, Wakefield.

Crawford County Society—President, Dr. D. B. McKee, Pittsburg; vice president, Dr. L. E. Strode, Girard; secretary, Dr. F. H. Rush, Pittsburg.

Linn County Society—President, Dr. Lewis D. Mills, Mound City; vice president, Dr. Scott D. Morrison, La-Cygne; secretary-treasurer, Dr. John R. Shumway, Pleasanton.

Miami County Society—President, Dr. L. W. Speer, Osawatimie; secretary, Dr. Joseph Fowler, Osawatimie.

Montgomery County Society—President, Dr. Harold O. Bullock, Independence; vice president, Dr. R. B. Chadwick, Coffeyville; secretary, Dr. C. E. Gollier, Independence; treasurer, Dr. G. C. Bates, Independence.

Nemaha County Society—President, Dr. Bernice Havley, Centralia; vice president, Dr. S. M. Hibbard, Sabetha; secretary-treasurer, Dr. C. M. Barnes, Seneca.

Riley County Society—President, Dr. R. R. Snook; vice president, Dr. R. G. Schoonhoven; secretary-treasurer, Dr. F. P. Bestgen, all of Manhattan.

Sedgwick County Society—President, Dr. N. L. Rainey; vice president, Dr. B. P. Meeker; secretary, Dr. A. E. Hie-

bert; treasurer, Dr. A. L. Ashmore; members of the board of directors, Dr. J. D. Clark, Dr. A. W. Fegly, and Dr. J. E. Wolfe, all of Wichita.

Shawnee County Society—President, Dr. C. K. Schaffer; president elect, Dr. W. J. Walker; vice president, Dr. R. W. Emerson; secretary, Dr. Leo Smith; treasurer, Dr. E. H. Decker, all of Topeka.

Wilson County Society—President, Dr. O. D. Sharpe, Neodesha; vice president, Dr. A. C. Flack, Fredonia; secretary, Dr. E. C. Duncan, Fredonia.

Wyandotte County Society—President, Dr. E. S. Miller; vice president, Dr. W. J. Feehan; secretary, Dr. G. M. Tice; treasurer, Dr. L. V. Hill; board of censors, Dr. T. G. Dillon; delegates, three-year-term, Dr. C. O. West and Dr. E. R. Millis; delegate, one-year unexpired term, Dr. R. T. Lucas, all of Kansas City.

The Wyandotte County Medical Society held its fiftieth annual banquet on January 16 at the Continental hotel, Kansas City. Dr. L. B. Gloyne, toastmaster, introduced a number of guests who presented a musical program, after which there were special introductions for the wives of members in the service and the officers of the Women's Auxiliary. Short talks were made by the retiring president, Dr. John H. Luke, and the new president, Dr. Eldon S. Miller. Moving pictures of the 77th Evacuation Hospital were shown, narrated by Dr. T. G. Dillon.

A quarterly meeting of the Golden Belt Medical Society was held January 4 at the Lamer hotel in Abilene with members of the Dickinson county society as hosts. Three scientific papers were presented by medical officers now

## Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)  
Incorporated not for profit

### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting February 12, and every two weeks during the year. One Week Course Surgery of Colon and Rectum February 19 and April 16. 20 Hour Course in Surgical Anatomy March 26.

**GYNECOLOGY**—Two Weeks Intensive Course February 26 and April 23.

**OBSTETRICS**—Two Weeks Intensive Course February 12 and April 9.

**ANESTHESIA**—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

**ROENTGENOLOGY**—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

**UROLOGY**—Two Weeks Course and One Month Course every two weeks.

**CYSTOSCOPY**—Ten Day Practice Course every two weeks.

**GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES**

**TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL**

Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.

ACCIDENT

HOSPITAL

SICKNESS



# INSURANCE



For Physicians—Surgeons—Dentists  
Exclusively

**\$5,000.00 accidental death** **\$32.00**  
\$25.00 weekly indemnity, accident and sickness per year

**\$10,000.00 accidental death** **\$64.00**  
\$50.00 weekly indemnity, accident and sickness per year

**\$15,000.00 accidental death** **\$96.00**  
\$75.00 weekly indemnity, accident and sickness per year

**ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN**

*42 years under the same management*  
**\$2,600,000.00 Invested Assets**  
**\$12,000,000.00 Paid for Claims**  
*\$200,000.00 deposited with State of Nebraska for protection of our members.*  
Disability need not be incurred in line of duty—benefits from the beginning day of disability.  
86c out of each \$1.00 gross income used for members' benefit

**Physicians Casualty Association**  
**Physicians Health Association**  
**400 First National Bank Bldg., Omaha 2, Nebr.**

stationed in Kansas; "Common Dermatoses," Captain W. H. Flood, Smoky Hill Air Base, Salina; "Fractures of the Femoral Shaft," Major William F. Stanek, Winter General Hospital, Topeka; "Intestinal Obstruction," Lieut. Col. W. F. Bowers, Winter General Hospital, Topeka.

A study of hospital matters occupied the attention of members of the Clay county society at its annual business session. Mr. L. W. Guest of the hospital board spoke on the relationship of the board and the medical profession, and outlined the steps to be taken to standardize the Clay Center municipal hospital. A committee consisting of Dr. F. R. Croson, chairman, Dr. G. W. Bale, Dr. F. C. Shepard, Dr. W. R. Morton and Dr. T. C. Kimble was appointed to organize a staff and obtain the services of a pathologist. Mr. William Beall, Clay Center attorney, addressed the meeting on "The Legal Profession Takes a Look at Medicine."

Dr. F. C. Beelman, secretary of the Kansas State Board of Health, Dr. Charles Rombold and Dr. R. B. Michener of Wichita were speakers at a meeting of the Central Kansas Medical Society held at Russell in December. Dr. Beelman's topic was "Relationship Between Public Health Department and Kansas Physicians." Dr. Rombold spoke on "Sciatic Pain Secondary to Retropulsed Intervertebral Disc," and Dr. Michener discussed medical work in East Africa.

#### MRS. JOHNTZ IS ILL

Mrs. J. E. Johntz of Abilene, who directs the work of the Women's Division of the American Cancer Society in Kansas, is recovering from a recent operation and is now at the home of her daughter, Mrs. Marlin S. Casey, in Topeka. As head of the Women's Division for a number of years, Mrs. Johntz has contributed many hours to the important work of cancer control.

## ORTHOGON LENSES

Meet professional standards of  
Quality and Performance—Satisfy  
Patient requirements for greater  
comfort.

## QUINTON-DUFFENS OPTICAL COMPANY

*Your Local Independent Wholesaler*

TOPEKA

HUTCHINSON  
KANSAS

SALINA

The Library of the Medical Department of the University of Kansas has every desire to be of service to the medical profession in the state. Any physician who wishes to avail himself of the facilities of the Library will be welcome both in the use of its periodicals, bound volumes of periodicals, and monographs and textbooks.

Under certain circumstances, provided the volumes are not being actively used by the students, the Library will send such volumes as are needed to physicians in the state, on request, for a period of one week, provided carriage charges are paid both ways.

## THE UNIVERSITY OF KANSAS SCHOOL OF MEDICINE

★ BUY AN EXTRA BOND ★



## THE BROWN SCHOOL

An exclusive year round school for children with educational and emotional difficulties. Under supervision of registered psychiatrist, resident physician, registered nurses, and technically trained teachers. Individual instructions in all academic subjects, speech, music, home economics, and arts and crafts. Separate units for different types of children. Farm and Ranch school for older boys. Private swimming pool. Fireproof buildings. View book and other information upon request.

BERT P. BROWN, DIRECTOR

Box 177, San Marcos, Texas  
Box 3028, South Austin 3, Texas

## MEMBERS

Dr. A. M. Lohrentz, who has been practicing in McPherson since 1929, has closed his office there to go to Philadelphia, Chaco, Paraguay, for a year's service as a medical relief worker with the Mennonite Central Committee. His work will be with the natives and with a group which migrated there from Russia in about 1927. Before moving to McPherson, Dr. Lohrentz spent six years in China as a Mennonite medical missionary.

After Dr. Lohrentz resigned as McPherson county coroner, Governor Schoepel appointed Dr. W. R. Jones of Canton to the office.

Dr. C. F. Young, Fort Scott, was sworn in as Bourbon county coroner last month.

Dr. and Mrs. E. S. McIntosh, Burns, celebrated their golden wedding anniversary on January 3.

Dr. C. W. Lawrence, Dr. C. H. Munger and Dr. O. J. Corbett, Emporia, presented a forum on new discoveries in the field of medicine, particularly penicillin, at a recent meeting of the Rotary club there. At a later meeting Dr. Munger reviewed the work and achievements of the Lyon county health unit, the oldest county unit in continuous existence in the state.

Dr. J. N. Sherman, Chanute, has been appointed Neosho county health officer for 1945.

Dr. G. A. Leslie, McDonald, resigned from the Kansas board of health last month because he has moved to Golden, Colorado. Dr. J. L. Lattimore, Topeka, resigned from the same board because he is now serving in the Kansas House of Representatives.

Dr. H. L. Clark, Topeka, has been appointed Shawnee county coroner to succeed the late Dr. H. A. Alexander.

Dr. Ben H. Boltjes, formerly of Kansas City, is now associated with Dr. B. A. Nelson in Manhattan. While in Kansas City Dr. Boltjes served as industrial surgeon for Armour and Company and directed one of the city-county health clinics.

Dr. H. C. Embry, Great Bend physician, recently announced his retirement after having practiced in Barton county for 35 years, 23 in Great Bend, five in Hoisington and seven in Claflin. Dr. Marvin Steffen, formerly of Manhattan, has taken over Dr. Embry's office in Great Bend.

Dr. Fred Mayes, who has been serving on the Children's Bureau of the United States Department of Labor in Washington during the past year, has returned to Kansas as assistant state health officer and director of local health service, according to announcement made recently by Dr. F. C. Beelman, secretary of the State Board of Health. Dr. Mayes formerly was director of Maternal and Child Health under the state board.

Dr. Martiele Turner, who for the past three years has been a member of the Tulane medical school staff and senior resident in pediatrics at Charity hospital, New Orleans, has begun practice in Manhattan in association with Dr. B. A. Nelson. She will specialize in pediatrics.

Dr. E. N. Neuru of Palo Alto, California, is moving to Ellsworth to practice in association with Dr. Alfred O'Donnell and Dr. Clair O'Donnell. He was graduated from Leland Stanford university and served his internship at the Alameda county hospital at Oakland, with one year of residency and surgery at the Mayo clinic.

## SURGICAL BRACES

*"Made as you prescribe"*

A prompt, courteous, efficient service.

One day delivery on Taylor Back Braces,  
Airplane Arm Braces, Cervical Braces.

Your inquiries will be appreciated. If  
necessary use phone or wire, my expense.

## PHONES

Business  
5-2638

Residence  
3-6379

**A. H. BOSWORTH**

416 N. Water

**WICHITA, KANSAS**

## REPRINT PRICE LIST

Reprints from articles in the  
**KANSAS MEDICAL JOURNAL**

All Reprints are made the same size as  
Journal pages, 7 $\frac{3}{4}$  x 10 $\frac{1}{2}$  inches.  
Transportation charges on reprints are  
to be paid by the Author

No. Copies	Pages	Without Cover	With Cover
100.....	4	\$ 9.00	\$12.25
250.....	4	9.75	14.50
500.....	4	11.00	17.50
1000.....	4	18.00	26.00

No. Copies	Pages	Without Cover	With Cover
100.....	8	\$12.50	\$16.00
250.....	8	14.00	18.00
500.....	8	16.00	23.00
1000.....	8	21.00	32.00

No. Copies	Pages	Without Cover	With Cover
100.....	12	\$16.00	\$20.50
250.....	12	18.25	23.50
500.....	12	21.25	28.25
1000.....	12	28.00	39.00

**CAPPER PRINTING CO.**

Capper Building  
**TOPEKA, KANSAS**



*For symptoms caused or  
accompanied by gastric  
hyperacidity*

Creamalin promptly reduces stomach hyperacidity by adsorption. The effect is persistent. It does not provoke a secondary rise in hydrochloric acid, such as is common after alkalis, nor does it disturb the acid-base balance of blood plasma.

... Relief is promptly secured and

maintained with safety. Hence the very extensive application of this highly useful agent in the management of peptic ulcer and symptoms caused by gastric hyperacidity.

•

Supplied in

8 oz., 12 oz. and 1 pint bottles.

## CREAMALIN

Reg. U. S. Pat. Off.

Brand of ALUMINUM HYDROXIDE GEL  
NON-ALKALINE ANTACID THERAPY



# WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

NEW YORK 13, N. Y.

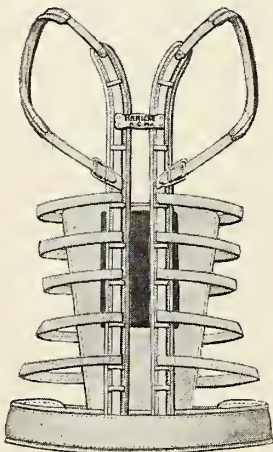
WINDSOR, ONT.

The chief weapon against social diseases has been the dispensary. Russian dispensaries differ from those elsewhere in being completely organized for prophylaxis as well as therapy. They provide free medical service, but also supervise measures to suppress disease and prevent its propagation. Thus the staff of an anti-tuberculosis dispensary treat the patients, inspect their living conditions, ensure proper nutrition, and send those who need it to hospitals and sanatoriums; they also inspect the families of patients, especially the children, and fortify them against infection as well as they can by improving their health. The result has been that in Moscow and other large cities tuberculosis decreased by more than half between 1926 and 1937. The anti-venereal disease dispensary must not only give free treatment but track down the source of infection, and treat the responsible patient. If necessary, treatment can be made compulsory. Doctors and nurses pay home visits if need be to ensure regular treatment. Thanks to the treatment of pregnant women, congenital syphilis is now rare. Prostitution has disappeared with the ending of unemployment—its main cause—but years ago the dispensaries had to work with the police to stamp out centers of prostitution. Women were placed in prophylactoriums under supervision and were taught socially useful work, while receiving whatever treatment was necessary. Many of them later became well adjusted and were able to take a normal place in society. The number of such institutions has steadily decreased and recently they have hardly been needed though two or three were still maintained before the war. Custom syphilis has vanished with the harmful customs which caused it, and in Moscow primary syphilis is so rare that the professors have difficulty—as they do here—in finding cases for demonstration to students.—The Lancet.

BUY BONDS FOR VICTORY

## Taylor-Type Back Brace

For  
Fracture of Vertebrae



P. W. HANICKE MFG. CO.  
1013 McGee Street  
KANSAS CITY, MISSOURI  
Telephone Victor 4750

## ASPIRATION PNEUMONIA WITH BEGINNING LUNG ABSCESS TREATED WITH PENICILLIN

(Continued from Page 41)

physical examination and x-ray of the chest in a patient who has had an operation on the nose or throat a week or ten days before and begins to have fever, malaise and cough with or without sputum.

### SUMMARY

A case report of aspiration pneumonia following tonsillectomy under general ether anesthetic with beginning lung abscess cured by penicillin.

Sulfadiazine failed to alter the forming abscess or affect the septic temperature.

It is our impression that with penicillin we may have a drug that can prevent this very serious and debilitating illness if early diagnosis is made in those post-operative tonsillectomies that show symptoms of aspiration pneumonia.

### BIBLIOGRAPHY

1. Sweet, R. H.: Lung abscess; an analysis of the Massachusetts General Hospital cases from 1933 through 1937. *Surg., Gynec. and Obst.* 70:1011-1021 (June) 1940.
2. Whittemore, Wyman: Etiology and treatment of non-tuberculous pulmonary abscess. *Surg., Gynec. and Obst.* 38:461-465 (Apr.) 1924.
3. Cutler, E. C. and Gross, R. C.: Non-tuberculous abscess of the lung; etiology, treatment, and results in 90 cases. *Jour. Thoracic Surg.* 6:125-155 (Dec.) 1936.
4. Clagett, O. Theron: Pulmonary suppurative disease; *Surgical Management.* *Jour. Kansas Med. Soc.* 233-239 (July) 1944.

A physician should be a servant of Nature, but not her enemy.—Paracelsus, 1530.

## PROFESSIONAL PROTECTION

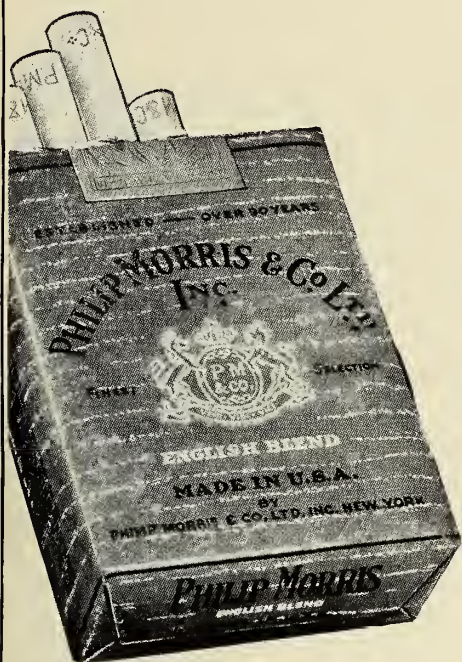


DOCTORS DISCHARGED  
from Military Service should  
notify Company immediately.

MILITARY POLICY  
does not cover Civilian Practice.

THE  
**MEDICAL PROTECTIVE COMPANY**  
FORT WAYNE, INDIANA

Only one cigarette  
**PROVED**  
less irritating



It is significant that no other leading cigarette has even claimed to be less irritating than PHILIP MORRIS!

PHILIP MORRIS Cigarettes are *made* differently. From a different formula. With a different effect on smokers' throats.

These are not mere statements. You can see the facts for yourself in published studies.\* They showed conclusively, in both clinical and laboratory tests, made by fully accredited authorities, that irritation due to smoking is appreciably *less* on smoking PHILIP MORRIS . . . that PHILIP MORRIS are appreciably *more* desirable for smokers with sensitive throats.

# PHILIP MORRIS

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

\**Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154. *Laryngoscope*, Jan. 1937, Vol. XLVII, No. 1, 58-60. *Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241. *N. Y. State Journ. Med.*, Vol. 35, 6-1-35, No. 11, 590-592.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

*In Estrogen Therapy  
Remember...*

## Schiffelin BENZESTROL

(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

Formerly called by the trade name OCTOFOLLIN

In estrogen therapy the physician is particularly interested in clinical efficacy and freedom from toxic side reactions. In BENZESTROL, Schiffelin & Co. offers a significant contribution to hormone therapy in that it is both estrogenically effective and singularly well tolerated whether administered orally or parenterally.

### BENZESTROL TABLETS

Potencies of 0.5, 1.0, 2.0, 5.0 mg.  
Bottles of 50, 100 and 1000.

### BENZESTROL SOLUTION

Potency of 5.0 mg. per cc. in 10 cc.  
Rubber capped multiple dose vials.

### BENZESTROL VAGINAL TABLETS

Potency of 0.5 mg.  
Bottles of 100.

*Literature and samples  
on request.*



## Schiffelin & Co.

Pharmaceutical and Research Laboratories  
20 COOPER SQUARE • NEW YORK 3, N. Y.

## QUOTAS SET FOR WHOLE BLOOD

In an effort to secure an adequate amount of whole blood for use on Pacific battlefronts, the American Red Cross has set definite daily quotas, varying the amounts according to military needs. Since thousands of donors are needed every day, each collection center meets its daily quota for whole blood and processes the rest of the blood into plasma, which is also urgently needed.

The program was expanded at the request of the Surgeon General of the Navy, who urgently requested increased shipments of whole blood for hospitals and hospital ships to supplement the use of plasma in the front lines.

In addition, five centers on the East coast, Boston, New York, Brooklyn, Baltimore, and Washington, are procuring whole blood for the European theatre. Type "O" blood procured by these centers is flown daily to Europe.

A stock pile of influenza vaccine is being built up in this country for emergency use by the Army Medical Department, and supplies of the vaccine are also being placed in strategic positions for use by the Army overseas.

Seals and sea-lions have eyes whose corneas are not smooth and for that reason have astigmatic sight out of water, says the Better Vision Institute. However, since sea water and their corneas have about the same index of light refraction, the astigmatism disappears when the animals are in water.

## DEATH NOTICES

The Kansas Medical Society lost its oldest member on January 18 when Dr. James William Janes of Columbus died after a year's illness. He was one hundred years, five months, and ten days old, having been born at Sarcxie, Missouri, August 8, 1844.

As a young man he taught school at Baxter Springs, later, in 1887, taking his medical degree from the College of Medicine at the University of Tennessee. He returned to Cherokee county and practiced at Melrose until moving to Columbus in 1894. He had suffered from heart disease during the past year but continued his home practice and saw his last patient two days before his death. He was an honorary member of the Cherokee county medical society.

Dr. Julius H. Rabin, 53, Kansas City, Kansas physician, died suddenly on January 17, while on a train enroute to Alexandria, Louisiana. Dr. W. G. Rinehart, Crawford county coroner, who was called when the train arrived at Pittsburg, attributed death to a heart attack.

Dr. Rabin was born in Kansas City, October 6, 1891, and attended the Eclectic Medical University there. He was graduated in 1914 and received his license to practice the same year.

Word has been received of the death of Dr. W. A. Carr, 57, Merriam, on January 11, 1945. Dr. Carr, a member of the Johnson county medical society, received his education at the University of Oklahoma School of Medicine. He had practiced in greater Kansas City since his discharge from the Army in World War I.

Hospital admission records show there has been a striking decline in the incidence of many diseases in this war compared with the first World War. Major General George F. Lull, USA, deputy surgeon general of the Army, reported to the International College of Surgeons at its meeting in Philadelphia last month. The pneumonia rate, he said, has dropped from 19.0 to 12.8, the measles rate from 23.8 to 5.8, mumps from 55.8 to 6.2, scarlet fever from 2.8 to 1.6, meningococcic meningitis from 1.2 to 0.8, tuberculosis from 9.4 to 1.2, and venereal disease from 86.7 to 41.0. These figures represent annual hospital admission rates per thousand strength. Similarly the death rate from all diseases dropped from 14.1 in World War I to 0.6. The Army's influenza rate, which was 5.97 per one thousand in World War I, has become negligible, being less than one per one hundred thousand strength.

During the national emergency we will either make great gains or suffer great losses in our fight against tuberculosis. The gains will come from the chest x-ray examination that will be given the young men entering military service . . . the real losses will come if industry does not adopt the practice of x-raying employees. The massing of labor in concentrated areas creating crowded living conditions, increased mental, emotional and physical strain — inevitable byproducts of industrial defense activities — are the factors which increase and spread tuberculosis.—Kendall Emerson, M.D.

#### CLASSIFIED ADVERTISEMENTS

**FOR SALE**—Well equipped office and practice of deceased physician. Large practice—good county seat town (pop. 1,500) and large territory. No doctor in town. Write the Journal C-O-20.

**FOR SALE**—Tonsil and adenoid outfit in good condition at a big reduction. Write—Journal C-O-10.

**FOR SALE**—Office equipment of retiring physician engaged in general practice. Located in good college town of fifteen thousand, in Kansas. Address Journal C-O-X.

**FOR SALE**—Large assortment general surgical and bone instruments. Cold quartz and carbon lamps. Bone engine, splints, etc., all about as good as new and prices about 15 per cent of cash. Tell me your needs and let me quote price. C-O-12—Journal office.

**FOR SALE**—Practice of deceased physician. Complete E. E. N. & T. instruments and equipment. Mercury, quartz and radiant lamps, Victor vario frequency, Wappler wall plate, complete deep therapy x-ray installation, including 140 Kv. shock proof tube and stand, 200 Kv. tube and table. Radiological journals and medical books. Write the Journal C-O-19.

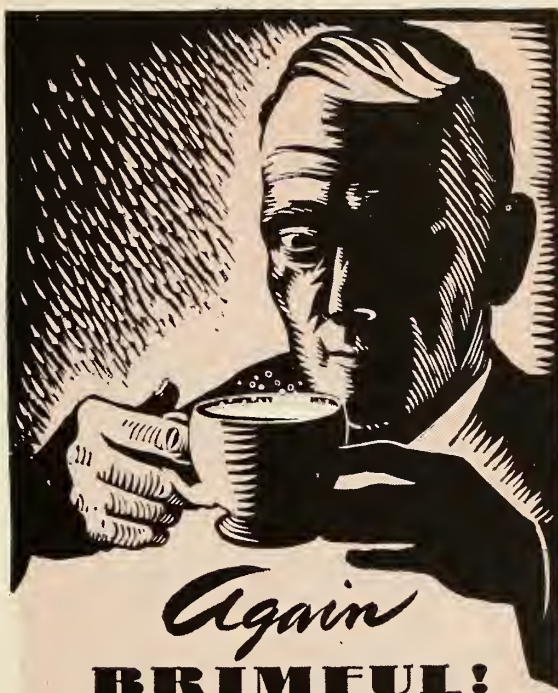
**FOR SALE**—Complete fixtures of fully equipped eye, ear, nose and throat office. Doctor retiring. Leaves an excellent, unopposed EENT practice in attractive college town, with business in excess of \$10,000 last year. Write the Journal C-O-22.

**FOR SALE**—Kelley-Koet x-ray transformer and control with Coolidge equipment, type J, serial 163, price \$150. Also one diathermy, price \$40. Address Journal C-O-21.

**FOR SALE**—Attractive building, one story, landscaped grounds, 250 x 150 ft., modern, suitable for residence; completely equipped for diagnostic clinic and small private hospital. X-ray, fluoroscopy, diathermy, infra red, ultraviolet, electric autoclave, instrument sterilizer, water sterilizer, automatic water heater, operating and treatment tables, instrument cabinets, anaesthesia machine. Located in prosperous farm community, population 1,200; surrounding community 5,000, protestant and catholic. Reason for selling, doctor in service. Address Journal C-O-23.

**WANTED**—X-ray technician and office assistant in Wichita. Interview dependent upon qualifications listed in application. Address the Journal, C-O-25.

**FOR SALE**—McCasky steel desk, one G. E. X-ray bedside unit and G. E. view box, one 30 ma. G. E. X-ray with table and Bucky, dark room equipment, 14x17 and 10x12 intra screens, G. E. developer tank and timer clock, scales, and medical books. Address the Journal C-O-24.



WHEN pernicious anemia has drained the patient's life potential and you see the dregs in his cup, you will turn with a certain inevitability to liver therapy.

With some of the same inevitability you will insist upon a thoroughly reliable solution of liver. For therein lies the effectiveness of your treatment.

Should you choose Purified Solution of Liver, Smith-Dorsey, your judgment will be confirmed. For Smith-Dorsey's product is manufactured under conditions which favor a high degree of dependability: the laboratories are capably staffed . . . equipped to the most modern specifications . . . geared to the production of a strictly standardized medicinal.

To know this is to know that, with the help of your treatment, life for your patient may once again regain much of its fullness . . . his cup once more be brimming.

#### Purified Solution of

*Liver*

**SMITH-DORSEY**

Supplied in the following dosage forms: 1 cc. ampoules and 10 cc. and 30 cc. ampoule vials, each containing 10 U.S.P. Injectable Units per cc.

The SMITH-DORSEY COMPANY • Lincoln, Nebraska  
Manufacturers of Pharmaceuticals to the Medical Profession  
Since 1908

Tetanus has been virtually eliminated from our armed forces as a result of compulsory immunization. Major General Normal T. Kirk, USA, surgeon general of the Army, advises that not a single case has been reported among vaccinated troops, and that only a handful of cases has occurred throughout the entire Army, those being among men on whom the immunization process had not been completed. The Navy, which also requires tetanus immunization, has had no cases of the disease among those wounded in combat up to September 15, 1944, according to the Navy Bulletin of Medicine and Surgery.

An illustration of the value of tetanus immunization was given in the report of a Navy medical officer who served aboard a hospital ship carrying 284 Japanese and 384 Americans, all wounded in the same engage-

ment. Fourteen cases of tetanus, ten of which were fatal, occurred among the Japanese, and not one of the Americans was a victim of tetanus. Medical records indicate that the Japanese do not immunize actively against tetanus.

### PARTIALITY

Medical papers that I like best

Are always, if the truth be told,

The ones that just corroborate

The views that I already hold!

—Texas State Journal of Medicine

The healthy know not their health, but only the sick.—  
Thomas Carlyle.

## THE TROWBRIDGE TRAINING SCHOOL

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

The Best in the West

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.

1850 Bryant Building

E. HAYDEN TROWBRIDGE, M.D.

Kansas City, Mo.

# ZEMMER

### PREScribe OR DISPENSE ZEMMER PHARMACEUTICALS

Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for catalogue, KA 2-45

Chemists to the Medical Profession for 43 Years

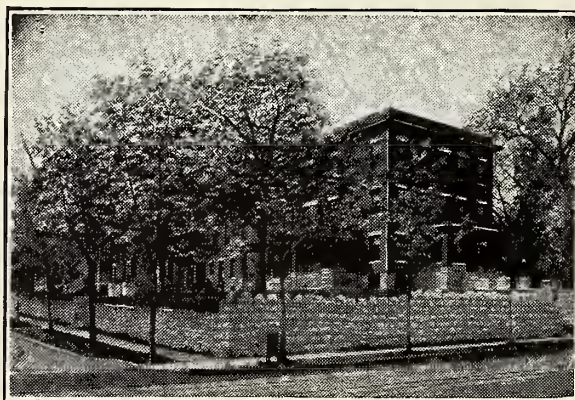
THE ZEMMER COMPANY • Oakland Station • Pittsburgh 13, Pa.

## THE MAJOR CLINIC ASSOCIATION

3100 EUCLID AVENUE

KANSAS CITY, MISSOURI

A Well  
Equipped  
Institution  
for the  
Nervous and  
Mental  
Diseases and  
Alcohol  
Drug and  
Tobacco  
Addictions

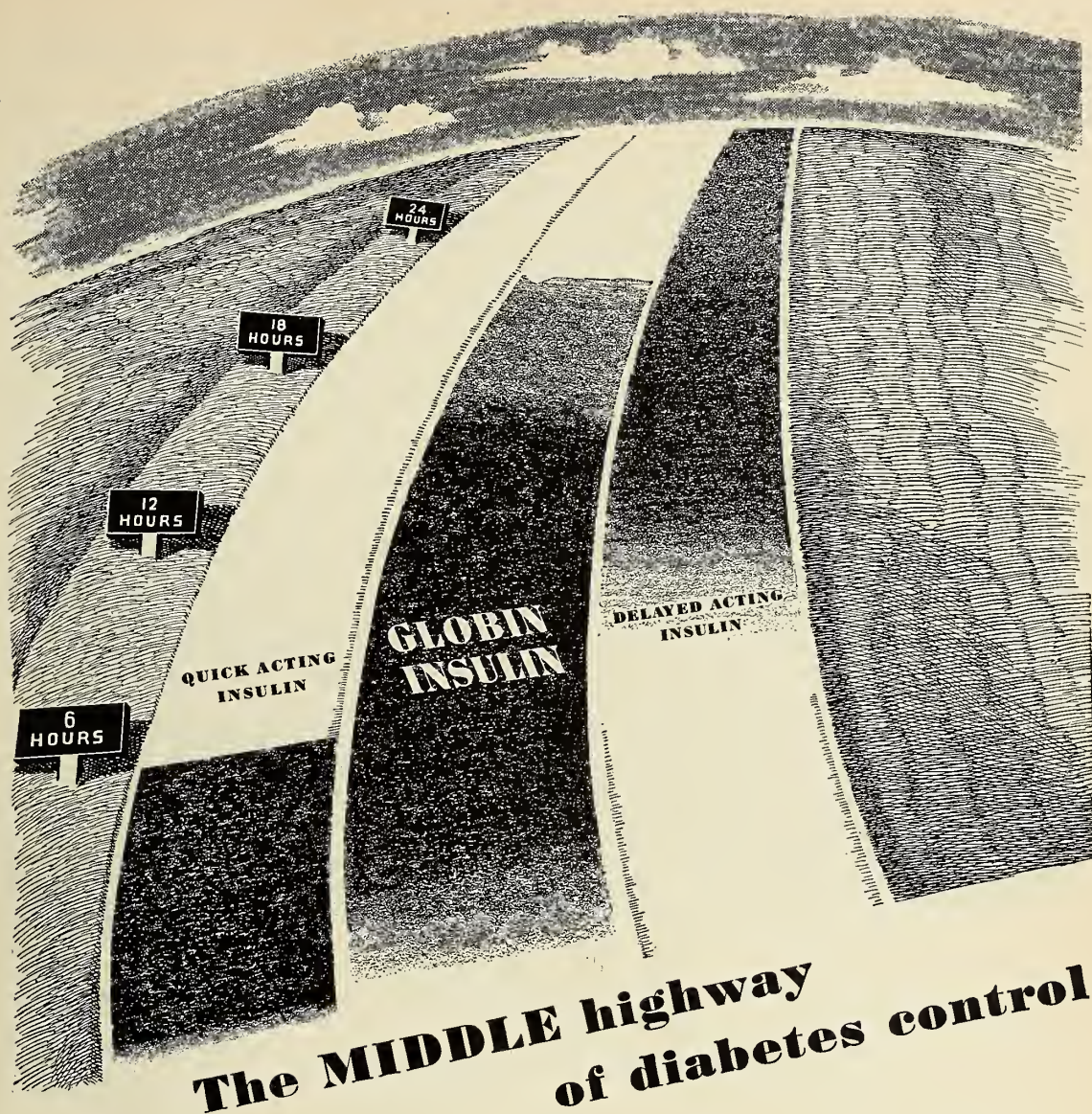


Beautiful  
Location  
Large,  
Well Shaded  
Grounds,  
Spacious  
Porches,  
All Modern  
Methods for  
Restoring  
Patients to a  
Normal  
Condition

HERMON S. MAJOR, M.D.  
*Medical Director*

HENRY S. MILLETT, M.D.  
*Associate Medical Director*

HERMON S. MAJOR, JR.  
*Business Manager*



## The MIDDLE highway of diabetes control

There are three main insulin roads upon which a physician may direct his patient toward diabetes control.

One insulin is quick-acting but short-lived. Another is slow-acting but prolonged. Intermediate between these is 'Wellcome' Globin Insulin with Zinc—designed to meet many patients' needs.

The many patients whose diabetes is controlled by a single injection of Globin Insulin obtain the benefits of rapid onset of action, sustained daytime effect, and nighttime diminished action—which tends to minimize nocturnal insulin reactions.

'Wellcome' Globin Insulin with Zinc is a clear solution and, in its freedom from allergenic prop-

erties, is comparable to regular insulin. It is accepted by the Council on Pharmacy and Chemistry, American Medical Association, and was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc.

'Wellcome' Trademark Registered

*Literature on request*



BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9-11 East 41st Street, New York 17, N. Y.

## KANSAS MEDICAL ASSISTANTS' SOCIETY

New officers of the Sedgwick county medical assistants' society were installed at the December meeting of the group held on the 13th at the Allis hotel, Wichita. Those now directing the affairs of the society are: president, Charlotte Parrish; vice president, Donna Harrison; secretary, Catherine Dillon; treasurer, Shirley Drake; members of the board, Virginia Kaelson, Berniece Bounous, Josephine Ackley, Rosalee Anderson, and Helen MacLean.

At the January meeting of the group, held on the 17th, Regina Lewis displayed her collection of rare Madonnas.

Hazel Dollard, Myrtle Coates, Margaret Cusic and Linnie Knowles were hostesses at the meeting of the Shawnee county group held January 9 in the offices of the Shawnee county medical society. Blenda Klankenship was in charge of the program and introduced the speaker, Mr. L. D. Harrison of the Remington-Rand company, who discussed medical records and office procedure. Miss Gertrude Lepetre, of the public relations department of the Santa Fe railway, presented two technicolor films, one taken at Camp Hood, Texas, depicting the training of Army tank destroyer units, and the other showing the beauties of the Grand Canyon.

A study of narcotics was made at the meeting of the Wyandotte County Medical Assistants' Society held January 23 at the offices of the Kansas City Chamber of Commerce. Mr. H. E. Whitley of the Federal Bureau of Narcotics was guest speaker, illustrating his talk with photographic slides from the bureau files.

In his talk Mr. Whitley told the group that federal control of narcotics is based on a tax measure rather than a criminal code, and convictions are based on evasion of taxes. The bureau is greatly assisted by the uniform narcotics act which makes it a felony to secure narcotics through fraud, although Kansas is one of only three states which do not have such a law. Mr. Whitley's pictures showed the use and effects of narcotics and treatments given addicts at a federal hospital.

The program was arranged by the association president, Mrs. Mildred McClure.

### REORIENTATION FOR VETERANS

Soldiers who have been in combat two years will have aged ten years, and their families and friends must be prepared to accept a difference in these returning veterans, Col. William C. Menninger, head of the Neuropsychiatry Division of the Army Medical Department, said recently when speaking before the New York Academy of Medicine.

In stressing the fact that communities must start making preparations for receiving the thousands of soldiers who will have to make readjustments, Col. Menninger emphasized the fact that he did not mean to imply that the war will soon be over. However, civilians must start now preparing themselves to assist returning veterans in "re-orientating" to civilian life. In addition to counsel, they will need help in securing jobs, and it is the duty of each community to organize a plan of survey, a counseling system and an employee placement bureau.

The psychiatric program of the Army was recently given impetus when the staff was increased and neuropsychiatry was made an integral part of the entire medical and surgical services in combat and in this country.

## S W O P E RADIOLOGICAL CLINIC

*Apparatus for our work includes the following:*

1. 440 K.V. (440,000 constant potential supervoltage) for treatment of the deepest malignancies, especially in large people.
2. 220 K.V. (220,000 conventional type) for respiratory and moderately deep tumors.
3. 130 K.V. (130,000 full wave) for fluoroscopy, radiography and skin therapy.
4. Radium, alone or as adjunct to any of the above.

We especially invite your counsel and cooperation  
when combination of surgical therapy is evident.

OPIE W. SWOPE, M.D., FACR, *Director*

Mrs. Eva Pedigo, *Secy. and Business Mgr.*

Dial 3-3842

WICHITA, KANSAS

York Rite Bldg.

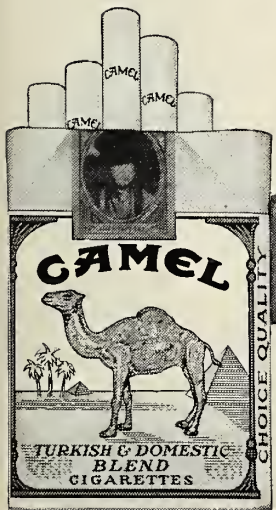
# BOMBING MISSION *(medical version)*



**T**ARGET FOR TODAY...not Japs, but *rats*...mosquitoes...flies...disease-carrying insects and vermin that infest the steaming jungles of the Pacific.

For this is a *bombing mission in white!* The "bombs" are loaded not with T.N.T., but more likely with D.D.T. which, sprayed from the air, seeks out and kills the adult mosquito and fly.

Yes, with D.D.T., with the aerosol bomb and countless other new developments in sanitation and disease control, the soldiers of medical science are proving themselves fighting men through and through. And, like so many other fighting men, they find pleasure and cheer in a few moments relaxation with a cigarette. Probably a Camel for, according to actual sales records, Camels are the favorite with smokers in *all* the services.



# Camels *Costlier Tobaccos*

R. J. Reynolds Tobacco Company, Winston-Salem, North Carolina

# *Luzier Cosmetics and Allergy*



Women use cosmetics because they have developed a need for them: they are essential to modern standards of good-grooming and therefore contribute to a sense of well-being. Your patient's appearance, viewed cosmetically, is a factor that deserves your consideration both during hospitalization and convalescence. Cosmetics cannot lift faces, but they certainly perform wonders when it comes to lifting a woman's spirits. Women have an instinctive desire to look pretty and to smell sweet.

Since cosmetics are so universally used it is not to be wondered that they sometimes figure in the field of allergy. We venture the opinion, however, that cosmetics figure less frequently in this field than many common foodstuffs, and certainly no more frequently than many articles of clothing. Many a contact dermatitis that might formerly have been ascribed to cosmetics is now traced to dog dander, house dust, elm sap, bed linen, etc.

While our products are free from so-called common cosmetic allergens, such as orris root and rice starch, we feel it should be made clear that any of their normally innocuous ingredients might be allergenic to the allergic individual. That is why when there is a history of allergy we suggest that patch tests be made with those of our products the subject is using or contemplates using. If they test positive, further testing with their constituents is indicated to determine the offending agents. These found, we frequently can modify our formulas to suit the subject's requirements.

## LUZIER'S FINE COSMETICS AND PERFUMES ARE DISTRIBUTED IN KANSAS BY:

### DIVISIONAL DISTRIBUTOR

C. B. BURBRIDGE

Box 1666, Lincoln, Nebraska

### DISTRICT DISTRIBUTORS

CLAUDE K. CHINN

433 S. Market

Tel. 3-3510

Wichita, Kansas

VESTA FITCH

802 Leavenworth

Tel. 4-5336

Manhattan, Kansas

VENA HAZELL

438 W. Sherman

Tel. 4623

Hutchinson, Kansas

### LOCAL DISTRIBUTORS

BLANCHE WHITE

401 1st National Bank Bldg.

Dodge City, Kansas

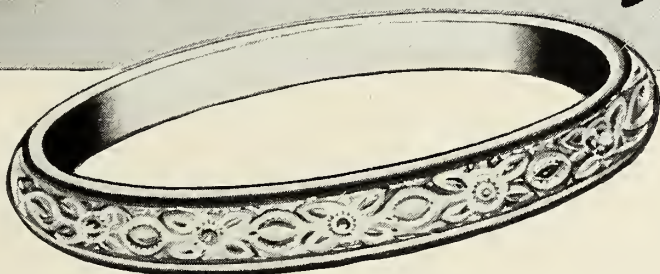
BEULAH CHINN

433 South Market Street

Wichita, Kansas

Tel. 3-3510

# There is no *Universal Size*



**T**HERE never has been a wedding ring that would correctly fit the finger of all women . . . and there is no universal size of occlusive diaphragm that will correctly conform to the many variations of the vaginal and cervical structures.

Competent clinical investigation has established that an occlusive diaphragm must be of individually correct size in order for the cervix to be properly protected against entrance of spermatozoa.

Because of the variance in the vaginal anatomy of individual patients the correct size can be determined only through measurement by a properly qualified physician.

To insure closer, more accurate fitting with greater comfort for your patients, specify "RAMSES"\* Flexible Cushioned Diaphragm on your prescriptions.

## *Ramses* FLEXIBLE CUSHIONED DIAPHRAGMS



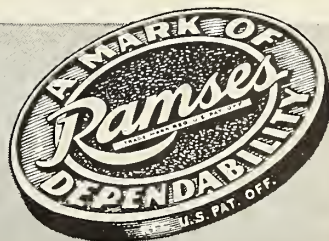
are made in gradations of 5 millimeters in sizes ranging from 50 to 95 millimeters inclusive . . . available through any recognized pharmacy.

\* The word "RAMSES" is the registered trade mark of Julius Schmid, Inc.

Gynecological Division  
**JULIUS SCHMID, INC.**

Established 1883

423 West 55th Street New York 19, N. Y.



## AUXILIARY

### PRESIDENT'S MESSAGE

The Office of Defense Transportation has requested all conventions to be cancelled, so complying with that request the annual meeting of the Kansas Medical Society and Auxiliary and the A.M.A. annual meeting have been cancelled. No doubt a delegates' meeting will be held to complete plans for the year and to elect new officers. Your president had many plans to present to the members at the annual meeting—personal contact is so much easier than writing. That is the only time the officers have an opportunity of meeting the physicians' wives in unorganized counties. The County Auxiliary members have the advantage of personal contacts within their organization but the eligible members in widely separated areas haven't realized the important role they can play as members-at-large. They are necessary cogs in the wheel.

Every physician's wife should consider it a privilege to be a member of her Medical Auxiliary. We receive our commissions when we become life mates of doctors of medicine. By being the wife of a physician who is a member of the Medical Society, we automatically are eligible to membership and as a result frequently do not appreciate the privilege since it comes so easily. In any woman's organization to which we belong, we must contribute some part of ourselves in order to be valuable members. We must give in order to receive. Theodore Roosevelt once said, "There has never been a man who led a life of ease whose name is worth remembering." Our year book which contains the membership roster has four hundred names in it. Are there only four hundred physicians' wives in Kansas?

Kansas is one of the few states that does not have a pin of recognition for their state and county presidents. This was discussed at the Board meeting and it was decided to have designs and prices submitted by various jewelry firms. It is possible to secure an attractive pin with the Kansas state seal and medical caduceus on it for \$10.20 (excise tax included). The cost is the same for state and county presidents, although the design is different. Will each county president discuss the matter with her auxiliary group and report to Mrs. C. Omer West or to me?

January 8, I was guest speaker at a dessert luncheon meeting of the Shawnee County Auxiliary in Topeka at the home of Mrs. H. S. Blake. I was house guest of Mrs. H. H. Woods, luncheon guest of the officers of the Auxiliary and completed the day with a buffet supper at the home of Dr. and Mrs. Pfuetze. I returned home stimulated by their many kindnesses and by the activities within their group. The president, Mrs. R. E. Pfuetze, had her note book complete in every detail (see Auxiliary page June, 1944). I also enjoyed a short visit with the Medical Journal office personnel.

This month I will visit the Labette County, Rice County, and Wilson County auxiliaries.

Sincerely,

MRS. LEO J. SCHAEFER.

### ANNUAL REPORTS

The annual reports of all elected officers, state chairmen, councilors, and county auxiliary presidents are to be sent to your president by March 25. See the Handbook for State Auxiliaries for forms for your reports, also consult the Annual reports of previous years. The Annual report

will be published and distributed to each member. With the cooperation of all officers and chairmen, this report can and must be very complete.

In order for the State Chairmen to prepare their reports, the county chairmen must be prompt in sending the material to them.

We want the report from Kansas to compare favorably with other states in the national reports.

### AUXILIARY MEETINGS

The Women's Auxiliary to the Wyandotte County Medical Society met January 12 for a one o'clock luncheon. Mrs. E. R. Millis, hostess, was assisted by Mrs. J. E. Barker, chairman, and Mesdames R. T. Lucas, E. D. Williams, Galen Tice, Glen R. Peters, G. R. Hepler, I. H. Neas, C. C. Nesselrode, Paul J. O'Connell, L. S. Fisher, and G. P. Neighbor. Miss Lillian Murphy, accompanied by Bonnie Alexander, sang a group of songs, and Mrs. J. G. Lee of Bonner Springs reviewed "Suds in Your Eyes."

The Labette county auxiliary met January 24 at the home of Mrs. N. C. Morrow of Parsons. Mrs. Guy Cramer, Hygeia chairman, reported a total of 24 subscriptions to the credit of the Labette county group, three being gifts from the auxiliary to the USO, Dennis high school, and the Y. M. C. A. Mrs. Charles Miller reported on plans for a luncheon being arranged to honor Mrs. Leo Schaefer, state president, when she visits the group late this month.

For the program Mrs. R. W. Urie read "Story of a Doctor's Wife," and gave a sketch of the life of Kenneth Riley of Parsons, a combat artist in the Coast Guard. He has received national recognition for his reproductions of battle scenes and is now painting a mural in Washington, D. C. A number of his sketches were displayed. Mrs. Morrow displayed an American parachute and a Japanese parachute harness and bag recovered on Saipan by Chief Parachute Rigger Herman Reese of Parsons.

Thirty-five members of the Shawnee County Auxiliary met January 8 at the home of Mrs. H. S. Blake with Mrs. H. L. Hiebert as hostess. Mrs. H. J. Bowen, Mrs. William Brewer and Mrs. Vernon Wiksten assisted. Mrs. Leo J. Schaefer of Salina, president of the state Auxiliary, was a guest at the meeting and gave an interesting talk on the ideals of the organization, stressing the duties of members to the Auxiliary and the obligations of the Auxiliary to individual members.

### STATE CHAIRMEN

Archives and History.....	Mrs. C. D. Blake.....	Hays
Exhibits.....	Mrs. D. W. Basham.....	Wichita
Hygeia.....	Mrs. J. A. Billingsley.....	Kansas City
Legislation.....	Mrs. C. M. Miller.....	Oakley
Organization.....	Mrs. E. E. Tippin.....	Wichita
Program.....	Mrs. N. C. Morrow.....	Parsons
Press and Publicity.....	Mrs. Earl R. Millis.....	Kansas City
Public Relations.....	Mrs. M. J. Jenney.....	Salina
War Participation.....	Mrs. Wilfred Cox.....	Wichita
Parliamentarian.....	Mrs. W. Y. Herrick.....	Wakeeney
Nomination.....	Mrs. E. E. Tippin.....	Wichita
National Bulletin.....	Mrs. F. C. Beelman.....	Topeka
Resolutions.....	Mrs. O. D. Walker.....	Salina
Central Office.....	Mrs. H. L. Hiebert.....	Topeka
Revisions.....	Mrs. W. Y. Herrick.....	Wakeeney

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

MARCH, 1945

Number 3

## RENAL CYST, SOLITARY

John W. Martin, M.D.\*

Kansas City, Kansas

In view of the relative rarity with which solitary cysts of the kidney have been reported in the literature it seems justifiable to present salient features of a case herewith that came to light in the course of examination occasioned by an industrial accident.

A solitary cyst is a benign self-limiting lesion which rarely causes systemic complications. It is filled, as a rule, with a clear serous fluid which undergoes more or less calcification. The resulting calcareous material gives bizarre roentgenographic shadows as was found true in this case.

In contrast to the true simple cysts which are commonly found in polycystic kidney disease, and in which instance one or more large cysts are accompanied by multiple small cysts, the solitary or large simple cyst is unilocular, unilateral and usually confined to one pole of the kidney, more often the lower than the upper pole.

The main problem in the clinical recognition of a solitary or large simple cyst of the kidney is its differentiation from a neoplasm, thus surgical exploration or aspiration is necessary in most cases.

According to Braasch and Hendrick<sup>1</sup> "The roentgenographic data which may be of value in the differential diagnosis between cyst and neoplasm may be summarized as follows: The roentgenographic shadow caused by the serous contents of a cyst is usually more dense than that caused by a neoplasm. The outline of this simple cyst in the plain roentgenogram is smooth, regular and globular, in contrast to the usually irregular outline of a neoplasm. The outline of the cyst usually is confined to one pole of the kidney, more often the lower than the upper pole. Deformity of the renal pelvis is more extensive with neoplasm than with cyst. Elongation and tapering of the apex of a calyx is far more common with neoplasm."

As a general rule, because of its tendency to be

unilocular, unilateral and confined to one pole of the kidney, the solitary or large simple cyst is not difficult to distinguish from multilocular cysts, hydatid cysts, retention cysts of nephritis, hydronephrosis or polycystic kidney disease.

### CASE REPORT

J. J. W., a male white, age 27, entered St. Margaret's hospital in Kansas City, Kansas, for the purpose of reexamination of the urinary tract to determine whether or not a cyst of the left kidney, diagnosed six months earlier, had increased in size.

Preceding his first examination in a Texas hospital he had fallen about four feet from a scaffold and was caught by a safety belt in such a manner as to produce a supposed back injury.

In the course of roentgenographic studies for injury to the back, a bizarre-like shadow was noted in the region of the left kidney. Investigation of this shadow revealed findings similar to those to be related of the reexamination.

Further questioning of the patient revealed facts that had occasioned little or no concern in so far as the kidneys were concerned.

In addition to having been subject to frequent colds and general rundown condition for a period of about eight years, he had noticed frequent, urgent desire to urinate, usually in the morning, for the past seven or eight years. For the past two years he had had rather severe backache at times, always on the left side. During this time he had been confined to bed for periods of four or five days because of pain in the back and left side. These symptoms had also been accompanied by periods when his appetite was poor and a little food made him feel very full and distended.

He had never suffered from constipation, had always been athletically inclined and had done regular manual labor. Except for a period of three weeks with pneumonia in 1939 he had never been acutely ill. His weight loss with pneumonia had not been regained.

\*Boylan Foundation Fellowship in Surgery, St. Margaret's Hospital, Kansas City, Kansas, Case Report from Surgical Service of O. W. Davidson, M.D.

Reexamination of the urinary tract September 26, 1944, revealed normal findings except as noted in the roentgenographic films. Blood chemistry findings and renal function tests were normal. The blood picture was normal and no abnormal findings were revealed in examinations of the urine.

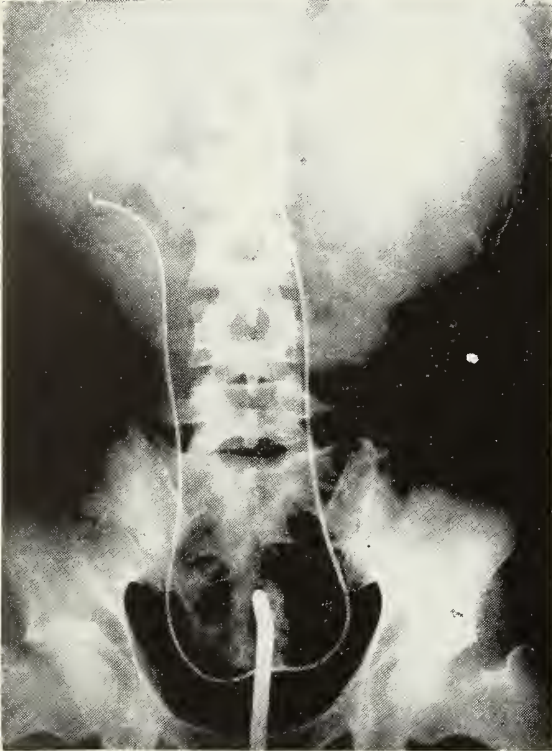


Figure I

X-ray report: Pre-pyelograms show the catheter on the right extending to the level of the second lumbar vertebrae and to the level of the twelfth thoracic on the left. (Figure I.) There is a large circular of partially calcified mass which displaces the upper end of the catheter medianward. There is no stone shown in either kidney area nor along the course of either ureter.

Bilateral pyelograms show the right kidney normal in detail. (Figure II.) The left kidney pelvis is obscured by a large soft tissue mass and the kidney pelvis is displaced anteriorly and medianward. The findings are best explained as a relatively large simple cyst with calcification of its walls.

In view of the picture presented by the roentgenograms and apparent normal function of the left kidney, surgical procedure contemplated excision of the cyst only. However, after surgical approach in the usual manner through a subcostal incision, it was decided best to do a nephrectomy.

After aspiration of the cyst contents only a thin crescent-like segment of the kidney could be palpated.

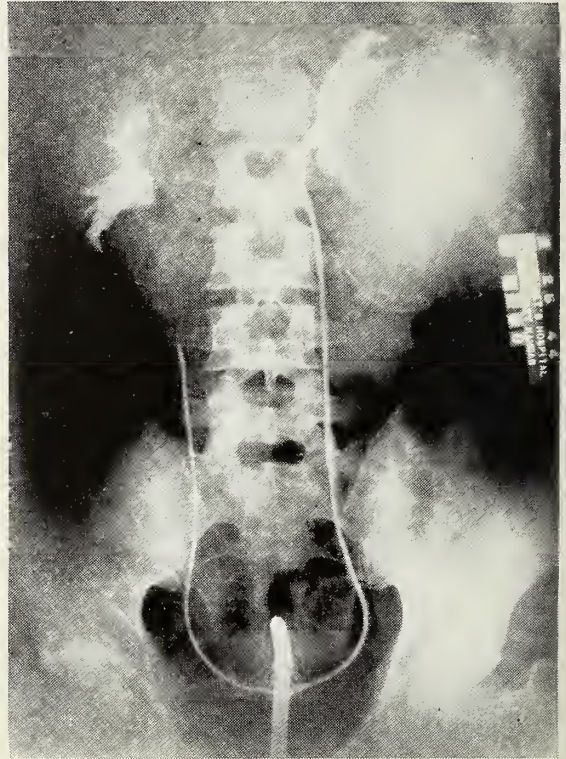


Figure II

Pathological report: The specimen is a rounded cystic structure measuring 16 by 11 by 8 cm. and said to be kidney. (Figure III.) The external surface is roughened by fibrous adhesions and cannot



Figure III

be separated from the underlying surface. The hilum presents six cm. of small thin walled ureter which is continuous with a flattened pelvis. The

pelvis measures six cm. in length and  $1\frac{1}{2}$  cm. in diameter. No calyces are present. The mucosa is smooth and velvety and the wall is thin. This structure lies along the outer surface of the specimen, is thin walled, and lies partially in kidney tissue. Numerous small and apparently anomolous blood vessels enter the hilum.

Cut section through the kidney presents a cyst 12 cm. through its greatest diameter filled with a mucoid or gelatinous substance about the consistency of gelatin. It has a light green color. The cyst wall is densely fibrous and ranges from two to three mm. in thickness. The inner surface has numerous large but thin atheromatous plaques which range from light yellow to orange in color. There is no outlet or evidence of a closed previous outlet to the cyst. In the hilar area there is a crescent shaped kidney structure lined by the cyst wall on the inner surface. It measures 11cm. in length and  $2\frac{1}{2}$  cm. in thickness.

The section of kidney shows the presence of both cortex and medulla in the usual manner. The glomeruli are fairly vascular and moderately cellular, containing a few infiltrated round cells and occasional

polynuclear cells. The intercapsular spaces are clear and no general proliferation or fibrosis of the glomerular tufts and capsules is noted. The convoluted tubules have swollen lining cells. There is no increase in stroma or any vascular change.

Along the outer surface of the cortex of the kidney there is a thick densely fibrous wall. Hyalinization has taken place in some areas and atheromatous material is seen along the surface. No lining structure of the cyst wall is seen.

Kidney with a large solitary cyst, possibly congenital in origin, having atheromatous deposits on the wall; parenchymatous degeneration of the kidney. Small kidney pelvis, and anomolous distribution of renal arteries.

Post operative convalescence essentially uneventful and patient returned to work in six weeks.

Case report brings out urologic features occasionally associated with industrial injuries which may be quite confusing until proper examinations have been made.

#### BIBLIOGRAPHY

1. Braasch, William F. and Hendricks, John A., Renal Cysts, Simple and Otherwise, Journal of Urology Vol. 51 pp. 1—11 Jan., 1944.

## SOLVING THE CANCER PROBLEM

*Editor's Note: The following article on cancer research was submitted to the Journal anonymously with a notation from the author that "Food for thought in cancer research will grow from little seeds in our imagination." The article, approved for publication by Dr. C. C. Nesselrode, chairman of the Society's Committee on the Control of Cancer, is the third in a series of articles on the general subject of cancer.*

If I had a little house by the side of the road, where I could live and work in my own way, in obscurity, I could do much in solving the cancer problem. I can dream of such a place, but in reality it will never be my lot, because I cannot do such a thing without outside aid. I would have to eat at least once a day, have a few old clothes to wear, and have a few additional supplies for my laboratory. I suppose you might class me as a sort of research worker, a research thinker, or maybe a research tinkrer.

The story I am going to relate may sound strange but nevertheless it is true in reality. I have met the man and woman who have in their possession the cure for cancer as well as the preventive. Just why these people have kept this secret all these years is beyond me to explain at the present time. I do not wish to censure them for withholding such a valuable secret from suffering humanity. In fact, they are strange people and as I would put it, they

are strangers to themselves.

I cannot remember the exact date when last we met and it might be quite hard for me to find them, but if I had that little house by the side of the road and could live in obscurity, with a bite to eat now and then, and a few old clothes to wear, I would track them down as a secret service agent of the department of justice tracks a notorious criminal who is at large.

This is my story, all in a nutshell of the man and woman who are hiding a most prized possession. They are at large. Their hidden secret is the key that fits the lock to the solution of the cancer problem. The police departments of all the cities in the United States, along with the entire force of the department of justice, would be of no assistance in this search. It is a call to arms for all scientific research workers throughout the world to fall in line with their microscopic, chemical laboratories, and other valuable equipment, and to march forward in a new direction. It is a world's war on disease, with the flags of all countries of the world flying in a united effort to conquer the rapidly invading enemy of all mankind.

You may ask me if there is a cure and preventive for cancer in existence at the present time. Yes, there is. It is in actual existence. Hundreds and probably thousands of individuals have that secret in their possession. I have met them face to face

and you have too. They are of Royal blood and Royal body cells. They are one hundred per cent immune from cancer. They possess the cure and the preventive. They are protected from the cradle to the grave. They are born to die but cancer will not be their lot.

The cancer mortality is well over one hundred thousand deaths each year. There are almost equally that many so-called cures. A cure for every cancer death and the cure lives on for the next unfortunate victim who is most willing to grasp at the last straw. The laity, as well as the doctors, must be educated more in regard to tumors. They must learn that all tumors are not cancers but that all cancers are tumorous growths. The watchword for the successful treatment of cancer with our present day methods is early diagnosis. The methods of treatment are surgery, X-ray, and radium. Some cases respond to surgery alone, others to X-ray, and still others to radium. Some cases require the blending of all three methods and, of course, as you well know, thousands are lost regardless of the treatment instituted.

Scientific research is being carried on by serious-minded men and women. It is slow, tedious work. It extracts the best there is in an individual who follows it in a professional way.

Looking for a needle in a haystack and finding it, would be very simple in comparison to some of the research accomplished which has benefitted mankind in saving thousands of human lives from diseases which otherwise would be fatal. Truly, great scientific research workers are slaves to their calling. They live, work, and die in a realm which is a tradition handed down, one to another. Fame or fortune does not count with these peculiar individuals. Publicity is a detriment to their research mind balance. Self-accomplishment is their goal and obscurity is their lot.

We will succeed in our laborious struggle in prying into the mysteries of the human body. We will reap the reward that is justly due science but I firmly believe that our discovery of the solution of the cancer problem will come from that man or woman who is one hundred per cent naturally immune. Some scientists will say there is no such human being with that immunity. I have my well-grounded reasons for saying there are many. Name any of the human diseases and you will find someone, somewhere, with a one hundred per cent immunity; a perfect score against that certain disease. All I need is that little house by the side of the road where I can live and work in obscurity and I will do much in proving it.

## ARE DOCTORS PEOPLE?\*

Roger I. Lee, M.D.\*\*

Boston, Massachusetts

Not long ago, a United States senator telegraphed that twenty doctors were needed at once for a war-boom town in his state. By the time the "sob sisters" in New York City got through with the story, it was two hundred doctors. There was no information about the kind of doctor wanted. It turned out that probably two doctors were required for a manufacturing plant—one a general practitioner and the other a physician with some knowledge of industrial medicine. The plant had been running for several months, and although its operator had not forgotten about his contract, his site, his men or his materials, he had forgotten the doctor.

One is always hearing of large areas without a doctor. I have traveled through some of those large areas, and there appeared to be little worth while in them, except the train I was riding in. Whole counties in Kentucky do not have a doctor. I used to be dismayed by this until I learned how many

counties there are in Kentucky. I have forgotten the number, but it is well up in three figures. What kind of doctor do people want in the mountains of Kentucky and Tennessee? Certainly not a "damn Yankee" doctor. He would not get a chance to practice. A native doctor could practice, but he could not be paid because there is nothing to pay him with. Incidentally, there is no provision in the Wagner-Murray-Dingell Bill that includes these people; it provides only for industrial people, for whom it is compulsory.

As one goes through Massachusetts one finds small settlements, often a so-called "village," without any doctor. One looks at the deserted mills, the deserted farms. One hears someone say, "Most of the people have left, but you'd think some doctor would come." Are doctors people?

Years ago I was on a committee that attempted to study the distribution of doctors, especially in rural communities. We tried to collect cases of hardship, lack of care and forced neglect, but could find only one such case. The complainant was a farmer who testified that on such and such a day he tried to get

\*Excerpts from an address given at the one hundred fiftieth anniversary meeting of the Worcester District Medical Society, Worcester, Massachusetts, May 10, 1944, published in the New England Journal of Medicine.

\*\*President of the Massachusetts Medical Society and President Elect of the American Medical Association.

a doctor to come to see his wife but the doctor would not come. It was in the winter and in the night. His wife had been sick for a couple of weeks but was in "great pain." Somehow or other she got over her illness, but it was terrible, and we were told "Doctors ought not to be allowed to get away with things like that." So we got hold of Doctor Blank. He knew this farmer and occasionally treated him or some member of his family. He had a general idea of where the farmer lived. He was at first rather puzzled by the tale, but finally said:

I'm sure this is the story, but you had better check it with the farmer. It was midwinter and snow was falling. I had just gotten in from a confinement case. After a telephone argument over how sick the wife was, I finally said I'd come, that I would follow the plow the next trip to such and such a corner where the farmer would meet me with a horse and sleigh. That was a common arrangement. However, the farmer said, "Go out on a night like this? I would not send a dog out." Whereupon I hung up.

Subsequently, the farmer verified the complete story, adding that he was tired. To the remark that the doctor might be tired too, he merely replied, "Oh, they get used to it, and if they can't, they ought to do something else."

Doctors seem always to have been dominated by others and never to have been complete masters of themselves and of their profession. It seems that this present trend of social, economic and political philosophy threatens them with more dominance than they have ever known. Although I believe this to be a menace to the grandest profession in the world, who am I to venture upon prophecy?

Please note the humility and the altruism of the doctors of Worcester who founded this society one hundred and fifty years ago. This was a collection of men who planned not to aggrandize themselves but rather to improve themselves, and thereby to benefit the whole community.

Of the same temper are the words in the charter of the Massachusetts Medical Society and that of the

American Medical Association. As a class, the doctors have not wanted to run the rest of the world. The late President Lowell, of Harvard, said with regret that the doctor was too busy and too occupied by keeping abreast of the extraordinary medical advances to participate as he should in public affairs, and that the public was greatly the loser thereby. Nevertheless, the public has always wanted its doctors "straight," if you understand that drinking term. The public looked down its nose, and still does, at literary doctors or artistic doctors. And the doctor has shown that he is human and like other folks when he indulges in literature, art or music, usually almost secretly.

But this is not a clarion call for the doctor to dominate the world. Anyway, he knows people too well and himself too well. In his more robust and more individualistic moments, the doctor would like to be more master of his fate and his destiny. But no pedestal for him. In these days of so many words written and spoken about freedom and security, he would like a bit of that freedom in his work. And as for security, his experience makes him skeptical. He has seen diseases vanish and new diseases appear. He has seen trusted remedies become obsolete; he has seen the strong die and the weak get well; he has seen the rich become poor and the poor become rich. He knows that the world is a better and more healthful place in which to live than it was, despite wars, taxes and a large collection of pet hates and aversions of his own.

And so let us turn to a pleasant scene of two elderly doctors, fishing and talking. The fishing was not very brisk, but the talk was brisk and at times salty. Both doctors agreed that the world was in a hell of a mess and what had not already gone to hell was on its way there. Finally one doctor said to the other, "And I suppose if you had your life to live over again, and even knowing what you do, you would be just damn fool enough to be a doctor, the same kind of a doctor, and live the same life." The other doctor answered, "Yep, I suppose so, but I think I'd do more fishing."

More than 30,000 patients were brought back to United States hospitals from overseas during December, reported Major General George F. Lull, Deputy Surgeon General, when addressing a forum in New York on the need for nurses. He predicted that greater numbers would be returned to this country during future months.

The hospital excavated in the Rock of Gibraltar by Canadian authorities has wards which measure 200 by 35 feet and are 12 feet high. Floors are finished and leveled with concrete, walls and partitions sheathed with wall-board, and ceilings faced with corrugated iron.—Food and Nutrition News, February, 1945.

The tendency of the public to waste time and money on cold preventive fads is nothing new, Noah D. Fabricant, M.D., points out in his new book, "The Common Cold." Not so long ago, he reports, mercurochrome was thought to be a cure for anything from blood poisoning to the common cold. Now it is recognized for its true worth, as an effective local antiseptic. Tomorrow the same may be true of today's fads.

A safe and sane treatment for the common cold, based on proven scientific facts, is outlined by the doctor. It is epitomized by the order, "Get into bed and stay there."

## President's Page

*To the Members of the Kansas Medical Society:*

Your president has spent most of the past month in Topeka observing the workings of the legislature. It was quite an education for one who is not familiar with parliamentary procedure. It is too soon to try to give a report on the actions of this legislature that affect medicine, as it will be two weeks before you read this page in the Journal.

We are still having a controversy with the osteopaths, although in this session they have withdrawn their request for the right to practice medicine and surgery. They are asking for the use of narcotics under the Harrison Act.

Your past president, Dr. J. L. Lattimore, has been a most valuable member of the House and has presented medicine's point of view in a most excellent manner. I feel that the Society owes him a great debt of gratitude for the sacrifice he has made to serve in the legislature. He has been getting up at six in the morning and doing his hospital work in order to be at the legislature a little before ten, and then after the sessions and committee meetings are over, has worked far into the night.

I feel that in the future we should be represented in the legislature by more members of our profession.

Yours very truly,

A handwritten signature in cursive script that reads "M. Trueheart. M.D." The signature is fluid and elegant, with the initials "M.D." written in a slightly different style at the end.

M. Trueheart, M.D., President

## EDITORIALS

### LOGAN CLENDENING

1884-1945

*Editor's Note: The Journal is indebted to Dr. John F. Fulton, professor of physiology at Yale University, for the following tribute to Dr. Logan Clendening. The article, written originally for the Connecticut State Medical Journal, is reprinted here through the courtesy of that publication.*

Logan Clendening, who died at his home in Kansas City on 31 January 1945 after the manner of Seneca was one of the picturesque figures in American medicine. Members of the Connecticut State Medical Association will not soon forget the scholarly and amusing address which he gave at Middletown on the 150th anniversary celebration of the State Medical Society in June 1942.\* His broad interests in the history of American medicine made him known to the profession in the State as did his honorary membership in the Beaumont Medical Club. Wherever Clendening moved he became a centre of interest—often a storm centre. He enjoyed controversy and the quickness of his wit generally gave him an easy advantage over his adversary. He read widely in literature, medicine, and science, and during the last fifteen years of his life became one of the foremost collectors not only in the field of medical history but in English literature and travel. He was irresistibly fascinated by the Shakespeare-Bacon controversy, as well as by the Ireland forgeries, and his collections of Dickens and Sherlock Holmes were second to none. His amusing *Handbook to Pickwick Papers* (1936), although written in a lighter vein, portrays his extensive knowledge and scholarly appreciation of the great British novelist.

Clendening was born at Kansas City, Missouri, on 25 May 1884, the son of Edwin McKaig Clendening, a city official, and his wife, Lide Logan. He attended the University of Michigan (1903-05) and obtained his M.D. from the University of Kansas in 1907. In 1914 he married Dorothy Hixon of LaCrosse, Wisconsin, a woman of talent and resourcefulness who shared her husband's literary interests and aided and abetted him in bringing together his considerable library. In 1939 Mrs. Clendening presented to the University of Kansas the Hixon Laboratory of Medical Research, which in addition to offering unusual scientific facilities also provided a roof and most attractive accommo-

dations for the medical historical collection which Clendening had already presented to the University. Students at Kansas have found in the Clendening Library a place away from the hurly-burly of their crowded curriculum where they can commune with the past and absorb something of the life and work of the great figures of medicine. The wisdom and imagination of this gift will bear fruit in the years to come, and the authorities at the University of Kansas, while profoundly distressed over the untimely death of their Professor of the History of Medicine, will take satisfaction in knowing that his wife is alive and well and able to carry on, as did Lady Osler at Oxford, something of the tradition which her husband had brought to the School.

Logan Clendening is not an easy man to portray. He was full of conflicts and inconsistencies, but he had an abiding devotion to the medical profession in the broadest sense. He wrote extensively and through his syndicated column on medical subjects exerted as great an influence on lay thought as any individual in this country. He also wrote a number of widely used professional and semi-popular texts, including *Modern Methods of Treatment*, 1924, which has passed through eight editions; *The Human Body*, 1927, which has passed through five editions; *The Care and Feeding of Adults*, 1931; *Behind the Doctor*, 1933 (2d ed. 1943); and a voluminous *Source Book of Medical History*, 1942. During the past two years he has given a series of unusual lectures at Kansas on medical logic which he had planned to collect and publish.

Apart from his writings, Clendening's medical career was not particularly eventful. After an internship he began general practice in Kansas City in 1909 and during the following year was appointed Instructor in Internal Medicine at the University of Kansas, a post which he held until the beginning of the last war. He was commissioned in 1917 as Major in the Medical Corps and Chief of Medical Service at the Base Hospital at Fort Sam Houston, Texas (1917-19). In 1920 he was promoted to the rank of Associate Professor of Medicine at Kansas and in 1928 was made Professor of Clinical Medicine, which post he held until his death. During recent years he has devoted less and less time to clinical teaching, more to writing and travel; but until the end of his life he remained a great clinical teacher who captivated the imagination and enthusiasm of his students.

Another unpublished volume which should see the light is a *Gazeteer of Medical History*. Clendening made a point of visiting all important medical shrines, and his travels for this purpose carried him to Central and South America, to every country

\* Resistance to change as a contribution to medical progress. *Conn. State Med. J.*, 1943, 7, 519-526.

in Europe, and to many points in North Africa. Mrs. Clendening generally accompanied him on his travels and as a skillful photographer she did much to help complete the record. Clendening was an avid notetaker and, despite a certain gaiety and seeming indifference to some things that mattered in life, he seldom missed anything. Like a man asleep during a parliamentary debate, he would open one eye at the critical moment and give forth the appropriate quotation which the speaker had forgotten. Clendening's memory for literary allusions was uncanny, and the appropriateness of his casual story or citation to a given situation was the envy of many who have occupied a prominent position in public life. Because of certain intemperate enthusiasms and a Rabelaisian wit that sometimes lacked restraint, there were some among his colleagues who failed to take him seriously, usually to their regret; for if they crossed swords with him, whether late at night, early in the morning, or in broad midday, they usually did so at their own expense. Few men of the medical profession in this country have had a finer quality of mind or an intellect more richly stored. Those who understood him loved him, and they also admired him for this fact—that although well endowed with the things of this world, as well as with the things of the spirit, he continued to work and be productive until the day before his death. Through his broad human interests in literature, art, and medicine, Logan Clendening became one of the foremost literary physicians of this country—a worthy companion of Jacob Bigelow, Oliver Wendell Holmes, William Osler, William S. Thayer, and his own much beloved colleague at Kansas, Ralph Hermon Major.

## CONTROL OF CANCER

The month of April is set aside each year to pay attention to the control of cancer.

The only organization, with the exception of the medical profession, that offers education to the lay public on this subject is the American Cancer Society. All the year around the Field Army arranges meetings, offers lectures, and shows motion pictures on this subject. On every occasion the public is told that cancer is a curable disease if adequate medical attention is sought early.

During April, however, funds are raised through voluntary donations. The Field Army is limited by this factor as to how much can be accomplished during the coming year.

We urgently request your cooperation. If you are asked to speak to a group of lay people on the subject of cancer control, your participation will strengthen the position of medicine and might very

readily be the direct means of saving the life of someone in the audience. Your cooperation in the fund raising campaign will serve as an example to the community at large.

## ARMED SERVICES AND MEDICAL EDUCATION

With 40 per cent of the country's doctors now serving the Army and Navy, medical education programs have been curtailed to the extent that some feel the quality of our future medical officers and postwar practitioners may be seriously affected. Writing in the January 27 issue of the Saturday Evening Post, Dr. Evarts A. Graham discussed the matter under the title, "Have the Armed Services Crippled Medical Education."

Believing that further discussion would be of interest to the doctors of Kansas, the Journal asked Dr. H. R. Wahl, dean of the School of Medicine at the University of Kansas, to give his views on the subject. He replied as follows:

"I think Dr. Graham has voiced a danger that is threatening the future of medical service and medical care as well as medical education in this country. However, I don't believe that the danger is as serious as he would indicate.

"I can't conceive that the interference with the progress of specialized training of doctors will continue more than another year at the very most. Certainly if the present policy runs for the next three to five years, there will be a marked interference and deterioration of the medical service to the country. I think he is correct in calling attention to the effect of the present policy of the Army and Navy in checking the flow of specialized trained doctors into the field of medical practice. I also feel that the home front has not received the consideration on the part of the armed services that it deserves.

"On the other hand there are indications that the armed services are beginning to recognize this and are taking measures to return many of the older men to civilian practice and have also relaxed their restrictions on specialized training. That this is true is indicated by the following two changes that have come up in the last few months. One is that we have been asked to arrange those of our faculty who are in the service in the order of their need with the view of allowing certain of these men to return to their civilian status as soon as the military needs become less acute. In the second place, only a few weeks ago our quota of residents among inactive officers training in our hospital was increased from three to eight. These two changes are the reasons why I do not consider the attitude

of the armed services to be as serious as would be indicated in Dr. Graham's article.

"I think that much of the policy shaped by the armed services towards the training of doctors has been forced by the exigencies of the war and medical education must bear its handicaps from the war just as any other educational, economical, or social organization in the nation."

## COMMITTEE ON MEDICINE AND THE CHANGING ORDER

*A report of the Committee on Medicine and the Changing Order, made in January, 1945, to the fellows of the New York Academy of Medicine, will appeal to the majority of our doctors. We quote from the report:*

"You will find the report a comprehensive statement of what the Committee is seeking to accomplish, and fully detailed as to the ways in which the Committee has gone about its work. The following points merit particular emphasis. The Committee undertook its tasks without prejudice and without preconceptions. The Committee is emphatically not concerned with the economic or other so-called vested interests of the medical profession. It does not recognize a conflict of interests between the recipients and the administrators of medical care. It is persuaded that society can least afford to handicap those who minister to its health needs.

"The Committee is fully aware of the many unmet needs for more and better medical care which exist in all parts of this country. It knows also that really competent medical care, including convalescent care and rehabilitation, are beyond the financial resources of an appreciable proportion of the population. Persuaded that these needs must be met and the conditions corrected, the Committee has undertaken to study the ways in which this may be achieved. The Committee is aware that as a country we are without sufficient experience to enable us to proceed forthwith on any large and embracing medical service scheme. The Committee has therefore undertaken to study and to define in detail and in particular the different factors which are involved in extending and improving medical care. It has likewise undertaken to bring together the varieties of experience gained in different experimental efforts which have been and are being made in many communities in providing care to groups of people.

"The problem, as the Committee sees it, is both enormous and complicated. Pressing as the need is, we cannot afford to aggravate it by ill-considered

efforts to solve it. A knowledge of those sectors which are amenable to immediate improvement, and studied efforts to gain essential experience promise the most certain and effective results in providing more and better medical care to our people.

"At this time it is necessary to call attention to the fallacious trend which looks to social legislation for the primary solution of social problems, in order that the way may be cleared for a more fundamental and more promising attack upon them.

"The fervor for larger schemes and for massive social legislation cannot, however, be dissipated by an exposition of their potential dangers. What is required are alternate and superior ways for obtaining some if not all of the goals desired. What is urgently needed is an exposition of precisely what is involved, coupled with specific workable proposals that will assure an advance toward the desired goals. The knowledge thus derived could then serve as a basis for whatever social legislation is necessary. It should be obvious that actual experiments in various formulas for medical care are essential before effective legislation is made possible.

"The objectives of the Committee on Medicine and the Changing Order are founded on these premises. The Committee has studied a wide range of factors and opinions and is concerning itself with such matters as group practice, medical insurance, the definition of comprehensive medical service, and methods for making it available. Pending final evaluation of these matters, we are convinced that actual experiments in various formulas for medical care should be undertaken before legislation is attempted."

---

## NURSE'S AIDES FILL VITAL NEEDS

Red Cross nurse's aides have proved their importance to the health of communities in many states during the past several years. Despite the fact they are serving in many military and civilian hospitals, however, more are needed. The primary objective of this volunteer corps is to help offset the wartime personnel shortages by assisting the remaining nurses. Hospital authorities in many parts of the country have requested more trained aides to serve.

Nurse's aides, carefully trained to perform non-professional tasks in hospitals and thus relieve registered nurses of part of their burden, are serving 2,322 civilian hospitals, 232 army hospitals, 29 veterans' hospitals and 1,564 clinics, and other health centers in the nation.

As there is no immediate prospect of large numbers of nurses being released from military and naval service to civilian duty, the need for nurse's aides to assist hospitals in making best use of the remaining nurses continues. Women can do their part by becoming nurse's aides and thus help protect community health.

The Red Cross announced at the end of January that a total of 162,700 nurse's aides had been trained.

## EXECUTIVE OFFICE

### SO YOU MAY KNOW!

This is the story of two bills concerning health that have been introduced into the House of Representatives this session. It is a story of the work done by the Medical Society. Right or wrong, here are the facts.

After two years' work by the statute research committee and by your council, the entire medical practice act was recodified and redrawn. It is a long bill dealing for the most part only with the medical profession. Obsolete laws were brought up to date so that, in general, our position would be strengthened.

Included was one section pertaining to osteopathy. In their perennial quest for legislative concessions the osteopaths have constantly gained support until this year many legislators felt it essential that some provision be made to permit qualified osteopaths to practice medicine and surgery.

In good faith, the medical profession agreed to assist in solving this problem. A section was written into this bill allowing any osteopath *now* practicing in Kansas to take the examination given by the board of medical registration and examination. If the osteopath passed this examination he would be licensed to practice medicine and surgery in Kansas but he would not be permitted the title of M.D.

Literally thousands of man hours have gone into the preparation of this bill. On December 17, 1944, the council voted to have it introduced into the legislature. Since the opening of the session the council has met again two times, on January 14 and on February 25, and on each occasion the vote was unanimous in favor of having the bill introduced.

It is now necessary to break into the chronological sequence and return to August, 1944. At the time of the primary election there were eight osteopaths striving for a place in the House. Besides that, in many other instances, perhaps in most instances, there were osteopathic sympathizers running for election. There was one doctor of medicine.

In November three osteopaths were elected and, according to the best information that could be obtained concerning members, about 50 were pledged to support their cause. One doctor of medicine was elected.

The session opened on January 9 and shortly thereafter a definite and irrevocable decision was made that an osteopathic measure would reach the floor for discussion and for vote. It was also learned that the medical bill or the osteopathic bill, whichever was introduced first, would be the first to be acted upon. By the time this information was made available nothing could change that course of events.

Very early in the session Dr. J. L. Lattimore, representative from Shawnee county, made a splendid impression in the House. His popularity has continued to grow and his presence has been of immeasurable benefit to the medical profession. Dr. Trueheart could not possibly have contributed more than he has. Up to the present he has been in Topeka for more than a month visiting with and speaking to practically every member in the legislature. Dr. Loveland, as previously, has devoted almost

his entire time defending your interests as far as the legislature is concerned. Besides that, almost daily, doctors from all parts of the state have visited Topeka and have talked to the various members in the legislature. It is our sincere belief that nothing was left undone since the beginning of this session that could have been accomplished. We cannot at this time think of a course of action that might have altered the above.

Acting upon full authority from the council, Dr. Lattimore introduced House Bill 95. This bill was reviewed and amended slightly in committee and was discussed on the floor of the House on Wednesday, February 28.

The osteopaths in the House failed in an attempt to create a composite board and from that moment voiced their approval of this measure. On the day following, H. B. 95 carried by a vote of 115 to nothing.

A short time following the introduction of H. B. 95, the osteopaths introduced a bill asking for the right to use narcotics and the right to practice medicine and surgery for all members of the profession. This bill was discussed on the floor on Thursday, March 1. In each session of the past osteopaths have asked for all rights that are granted doctors of medicine. In each session they failed. This time they volunteered to amend their proposed act and left only the section pertaining to narcotics.

Strong appeals were made on the basis of the physician shortage and calling attention to their right to do obstetrics. On March 2 this bill, H. B. 106, amended to allow osteopaths to give narcotics, passed the House by a vote of 68 to 32.

Both of these measures will now go to the Senate where favorable action is necessary if they are to become laws.

We have no apologies to offer, no alibis. It has long been considered probable that narcotics would be granted osteopaths by the House. It has also been certain since November that their position was stronger than ever before. The very fact that the war has continued has added strength to the appeal that they made.

Within three weeks the results of the Senate action on these measures will be known. In the meantime, whatever assistance you may give your Society in regard to this work will be appreciated.

## TROOP SHIPS BECOME HOSPITAL SHIPS

The work of converting five troop ships into United States Army hospital ships will be completed early this summer, insuring speedier return of America's combat wounded. These new ambulance-type ships will bring the total number of hospital ships operated by the Army up to 29, with facilities for transporting more than 18,000 sick and wounded.

Conversion of the ships requires about four months, most of the time being spent at removal of armament and repainting. All hospital ships are painted white with red crosses and green bands, which insures protection under the Geneva Treaty.

Included among the five are the former United States lines Republic, with a capacity of 900 litter and 300 ambulatory patients, and the President Tyler, with a capacity of 650 litter and 158 ambulatory patients. Among those soon to be completed are two other Army vessels, the Ernestine Koranda, named for an Army nurse, and the Louis A. Milne, named for a former New York port surgeon.

## DEATH NOTICES

Dr. Ralph Ward James, 64, physician and surgeon of Winfield for the past 38 years, died at St. Mary's hospital there on February 2, following a stroke suffered on January 31. He had been in poor health for several months and had retired from practice last June.

He was born in Sigourney, Iowa, November 18, 1880, was graduated from high school there and later attended Iowa State college at Ames. He studied medicine at Northwestern university, Chicago, received his degree in 1905, and served a year's internship at the Cook County hospital, Chicago. He received his Kansas license in 1907, and immediately began practice in Winfield. During World War I he served as a captain in the medical corps.

Dr. James, whose specialty was gynecology, was a member of the American College of Surgeons and a fellow in the American Medical Association. He was active in the Cowley County Medical Society and was also a member of Alpha Omega Alpha, honorary medical fraternity. In addition he took part in many civic affairs and local organizations.

Dr. John Joseph Cavanaugh, Lindsborg, died January 28 at St. Elizabeth's hospital in Hutchinson after an illness of two weeks following an attack of coronary thrombosis. He had practiced in Lindsborg for about three years, moving there from Fort Scott, where he had practiced for 30 years.

Born May 27, 1868, he first attended school at the St. Francis Institution in Osage Mission and later studied pharmacy at Kansas university, where he graduated in 1891. He served as a pharmacist for a short period of time before enrolling at the Creighton University School of Medicine at Omaha, receiving his medical degree in 1898. He served his internship at Harlem hospital, New York City, and returned to Kansas in 1900, practicing at Fort Scott, Arcadia and Walnut and remaining in Fort Scott from 1918 to 1942, when he moved to Lindsborg. He was a member of the McPherson County Medical Society.

Dr. Clare F. Hoover, Topeka, died February 9 after an illness of several weeks. Born in Holton, Kansas, in 1874, he spent his youth in Shawnee county and attended Kansas Medical college at Topeka, graduating in 1899. He received his license to practice in Kansas in 1901, and had practiced at Saffordville and Emporia for many years before moving to Topeka two years ago. He was a member of the Shawnee County Medical Society.

Dr. George H. Grimmell, Howard, a member of the Elk County Medical Society, died at his home January 30. Although he would have been 90 years old next summer, Dr. Grimmell had been actively engaged in practice until a few months ago, confining his practice to old time patients and friends. He received his medical degree from

Barnes Medical college, St. Louis, in 1896, and received his Kansas license in 1901.

Dr. Charles W. Reynolds, a practicing physician in Holton for more than 40 years, died at his home there January 31, a few hours before his seventy-fifth birthday. He had been in poor health for several months as the result of an automobile accident last spring.

Born in Ella, West Virginia, February 1, 1870, he spent his boyhood in Ohio, and first studied medicine at Starling Medical college, Columbus. He later entered Keokuk Medical college at Keokuk, Iowa, and was graduated there in 1897. He practiced at Malcom, Iowa, until 1904, when he moved to Holton. In addition to a general practice, he served as local surgeon for the Union Pacific, Rock Island and Missouri Pacific companies. He was a member of the Jackson County Medical Society.

Dr. Earl D. Tanquary, 72, a member of the Bourbon County Medical Society, died in the Burke Street hospital in Fort Scott on January 31. He had suffered with a heart ailment for several months, and had been admitted to the hospital the day before his death, following a severe attack.

Born near Neodesha February 26, 1872, he attended Kansas schools and was graduated from the College of Physicians and Surgeons at Kansas City in 1901. He first practiced in Independence, later moving to Moran, Bronson and Redfield. He served in the medical corps at Fort Riley during World War I and after his discharge in 1919 began practice in Fort Scott. He was an active member of his county society and also took part in civic, fraternal and social life at Fort Scott.

Dr. Franklin R. Blake, 68, died suddenly at his home at Marquette on January 30 after suffering from a heart attack. He had practiced there for 37 years and was an active member of the McPherson County Medical Society.

He was graduated from the Kansas City Medical college, Kansas City, Missouri, with the class of 1904, and immediately began practice at Galva, later moving to Buhler, Kansas. He moved to Marquette in 1908 and continued practice there until his death, except for an interval during the first World War when he served as a first lieutenant in the medical corps.

Dr. Samuel J. Schwaup, a practicing physician in Osborne for the past 38 years, died February 4.

Born in Osborne February 15, 1879, he was graduated from the high school there in 1900 and taught a country school nearby for the next two years. He then enrolled in the Kansas Medical college at Topeka, from which he received his medical degree in 1906. He immediately opened an office in Osborne and continued to serve his patients there until his death. He was an active member of the Osborne County Medical Society.

## MEN IN SERVICE

Writing from "Somewhere in Germany," Captain John C. Mitchell, who formerly practiced in Salina, tells of his work with the Ninth Army. "I am writing to notify you of my proper address for the Kansas Medical Journal. I got the issue telling about the Auxiliary Surgical Groups and enjoyed it very much since I am with a group that has been working all the way from the beaches in France to Germany. I am with a General Surgical team working with a field hospital in the Siegfried Line and handling only belly and chest cases. I have been hoping to see the University of Kansas unit hospital but have always just missed them. I enjoy the news of the men in the service and am looking forward to seeing all of you after the war."

Dr. Louis G. Graves reopened his office in St. John February 1 after several years absence while serving in the Army. He spent six months at Kelly and Duncan Fields in Texas, and then was sent to the South Pacific, where he served for 19 months. An accident resulting in a back injury caused him to be returned to the United States for treatment some weeks ago and he has since been retired from active duty.

Capt. David Gray, a battalion surgeon with the Eighty-third Infantry division in France, has been awarded the Bronze Star medal for gallantry in action. His division landed in France in mid-June. Capt. Gray was on the staff of the Santa Fe hospital in Topeka for a short time before he entered service in July, 1942.

Capt. Benjamin W. Lafene, formerly of Marysville, is assistant chief of the outpatient branch of Letterman General hospital, San Francisco. In writing about him recently the hospital's press bureau reported that "Our red-headed captain is good medicine for any ailment." The article mentioned one "unique" characteristic, Capt. Lafene's liking for Kansas and his determination to return here when he is released from service.

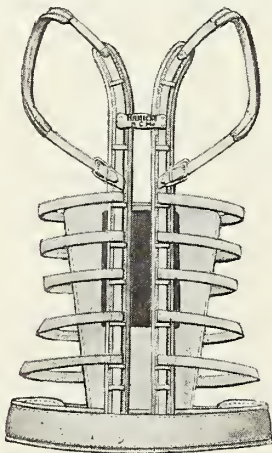
A story of experiences and impressions gained while serving in the Navy's medical section with the rank of lieutenant commander was told by Dr. R. J. Metcalf of Eldorado when he addressed the Rotary club there recently. In telling of treatment for tropical diseases, Dr. Metcalf stressed the benefits of new medical compounds and the armed services' insistence upon various inoculations.

At least two Kansans, a doctor from Winfield and a nurse from Burden, are with one of the largest army general hospitals in France, according to word from the Sixth army group. Major Robert W. Kelley, MC, son of Dr. F. A. Kelley of Winfield, and Lieut. Elizabeth G. Brooks, ANC, are with the 21st General Hospital, sponsored by Washington University School of Medicine, St. Louis. The unit was activated more than two years ago and had established an enviable reputation in North Africa and Italy before it admitted its first patients in France on October 21. Today the 21st operates a 2,000-bed hospital, with a capacity for 4,000 beds.

Capt. Laurence L. Cooper, Fort Scott, who has been in charge of blood shipments from the United States during his Army service, told of the hospital system in use on

## Taylor-Type Back Brace

For  
Fracture of Vertebrae



P. W. HANICKE MFG. CO.  
1013 McGee Street  
KANSAS CITY, MISSOURI  
Telephone Victor 4750

## ORTHOGON LENSES

Meet professional standards of  
Quality and Performance—Satisfy  
Patient requirements for greater  
comfort.

## QUINTON-DUFFENS OPTICAL COMPANY

*Your Local Independent Wholesaler*

TOPEKA

HUTCHINSON  
KANSAS

SALINA

battle lines when he addressed the Fort Scott Kiwanis club recently.

A former Topeka doctor, Don Wakeman, has been promoted to the rank of lieutenant colonel. He is serving in France.

Capt. Clyde W. Miller, who has returned from a year's service in New Guinea, arrived in Wichita last month for a visit with his family.

Capt. Lyle B. Putnam of Wichita, serving with a parachute detachment of an infantry division, has received the silver star for gallantry in action in Normandy.

The following letter from Major H. P. Jones, who formerly practiced in Lawrence, was written February 13: "Am still in Italy and enjoy the Journal and the lines about the ones in service. See my competitor, Capt. Edwin Enders, Lawrence, Kansas, as he is about 20 miles from here. Also see Major Ray Leiker, Great Bend, Capt. Bill Kenoyer, of Hugoton, and Lt. Col. Howard Snyder of Winfield. All are doing a swell job."

### MEDICAL AND SURGICAL RELIEF TO 21 COUNTRIES

Donations by the Medical and Surgical Relief Committee to 21 countries during the six-months period ending December 31, 1944, amounted to \$43,669.87, according to the report recently issued by Arthur Kunzinger, treasurer.

The territory covered by the Medical and Surgical Relief Committee has increased as the number of liberated countries has increased, and contributions now reach France and Italy. United States tops the list of beneficiaries with \$16,386.48 worth of medical, surgical and dental supplies of which the U. S. Navy got \$3,542.13, the U. S. Army \$1,205.40, and various civilian hospitals and welfare agencies the balance of \$11,818.95. The greatest number of shipments for this period went to China and India, while the most valuable single contribution amounting to \$4,951.75 went to L'Entree Aide Francaise for the relief of French children.

The Medical and Surgical Relief Committee is distinguished by its adherence to two principles: 1. No authentic appeal is ever turned down, and 2. Medical aid is the only form in which aid is given. Contributions of medical, surgical and dental supplies and instruments will soon reach the \$700,000 mark. The exact figure to date is \$690,715.60.

Plasma and tissue proteins should no longer be considered as distinct entities, according to evidence presented in the winter issue of the Journal of Parenteral Therapy. The editorial evidence strongly suggests that there is a continuous and rapid interchange between the two. Under conditions of inadequate or restricted protein intake, one Gm. of plasma protein (albumin) is lost for every 25 to 30 Gm. of tissue protein. The same ratio holds true when the attempt is made to replace plasma protein and tissue protein by restoring an adequate protein intake. In patients with serious protein depletion owing primarily to malnutrition, it is highly impractical to make use of human plasma or serum transfusion.

## PROFESSIONAL PROTECTION



DOCTORS DISCHARGED  
from Military Service should  
notify Company immediately.

MILITARY POLICY  
does not cover Civilian Practice.



### THE BROWN SCHOOL

An exclusive year round school for children with educational and emotional difficulties. Under supervision of registered psychiatrist, resident physician, registered nurses, and technically trained teachers. Individual instructions in all academic subjects, speech, music, home economics, and arts and crafts. Separate units for different types of children. Farm and Ranch school for older boys. Private swimming pool. Fireproof buildings. View book and other information upon request.

BERT P. BROWN, DIRECTOR

Box 177, San Marcos, Texas

Box 3028, South Austin 3, Texas

**THE**  
**MEDICAL PROTECTIVE COMPANY**  
**FORT WAYNE, INDIANA**

## COUNTY SOCIETIES

Dr. J. J. Michalak, Humboldt, was elected president of the Allen County Medical Society at a meeting held in January. Dr. Herbert Webb, Humboldt, was named vice president; Dr. A. R. Chambers, Iola, secretary; Dr. F. L. B. Leavell, Iola, treasurer.

Dr. Ray West of Wichita was guest speaker at the February meeting of the Harvey County Medical Society held at Newton. Dr. H. M. Glover of the Axtell clinic, the new president, presided. Dr. Charles M. Starr of Halstead is vice president and Dr. Frances Ann Allen of the Bethel clinic, Newton, is secretary-treasurer.

Fifty-five persons attended the annual dinner meeting of the Cowley County Medical Society late in January at Arkansas City. Wives of members and medical officers from Strother Field were guests. Dr. R. L. Ferguson presided, and Dr. Charles Hawk, Winfield, served as toastmaster.

The entertainment for the evening was furnished by Dean R. H. Wahl of the University of Kansas School of Medicine, who spoke on the activities of the 77th hospital unit, organized at the university and now serving in the European theatre. Pictures of the group were also shown, after which Dean Wahl presented a film showing the development of the medical school and plans for the future.

Members of the Cloud County Medical Society, meeting at Concordia February 13, re-elected Dr. William B. Newton, Glasgow, as president and Dr. G. E. Martin, Concordia, as secretary-treasurer.

The February meeting of the Wyandotte County Medical Society was held on the 20th at the City-County Health Department. Dr. D. N. Medearis introduced a symposium, "Malrotation of the Mid Gut," with discussion by Dr. C. C. Nesselrode, Dr. J. H. Luke, Dr. H. H. Hesser, and Dr. W. W. Summerville.

Dr. Jack Dysart was elected president and Dr. George L. Gill was elected secretary of the Rice County Medical Society at a recent meeting held in Lyons. Both doctors are associated with the Trueheart Clinic at Sterling.

## ARTS AND CRAFTS DIVERT WOUNDED

Experienced artists and craftsmen in many communities are helping to restore sick and wounded servicemen to health by giving part-time service as Red Cross Arts and Skills instructors. Serving in more than 90 Army, Navy, Marine and veterans' hospitals in 34 states, these Red Cross volunteers provide constructive recreation for convalescents. Their efforts have won high commendation from medical officers.

Arts and skills shops have also been established by Red Cross hospital recreation workers serving abroad. In Italy and France, on the islands of the Pacific, and in the jungles of Burma, these craft huts are assisting wounded patients on the road to recovery.

Clay, salvaged metals, plastics, leather, wood and other materials are used in fashioning all kinds of small articles and models. Pocketbooks, division insignia, photograph holders, purses, and similar objects have proved most popular.

### Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)

Incorporated not for profit

#### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting March 12, and every two weeks during the year. One Week Course Surgery of Colon and Rectum April 16, June 11, September 10. 20 Hour Course in Surgical Anatomy March 26, May 7, June 18.

**GYNECOLOGY**—Two Weeks Intensive Course April 23, June 18. One Week Personal Course Vaginal Approach to Pelvic Surgery April 2, May 21.

**OBSTETRICS**—Two Weeks Intensive Course April 9, June 4.

**ANESTHESIA**—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

**ROENTGENOLOGY**—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

**UROLOGY**—Two Weeks Course and One Month Course every two weeks.

**CYSTOSCOPY**—Ten Day Practical Course every two weeks.

**ELECTROCARDIOGRAPHY**—One Month Course starting May 7.

**GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.**

**TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL**

Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.



Accident, Hospital, Sickness

# INSURANCE



**FOR PHYSICIANS—SURGEONS—DENTISTS  
Exclusively**

*All Premiums Come from Physicians, Surgeons, Dentists  
All Claims Go to Physicians, Surgeons, Dentists*

<b>\$5,000.00 accidental death</b>	<b>\$32.00</b>
<b>\$25.00 weekly indemnity, accident and sickness</b>	<b>per year</b>

<b>\$10,000.00 accidental death</b>	<b>\$64.00</b>
<b>\$50.00 weekly indemnity, accident and sickness</b>	<b>per year</b>

<b>\$15,000.00 accidental death</b>	<b>\$96.00</b>
<b>\$75.00 weekly indemnity, accident and sickness</b>	<b>per year</b>

**ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN**

*43 Years under the same management*

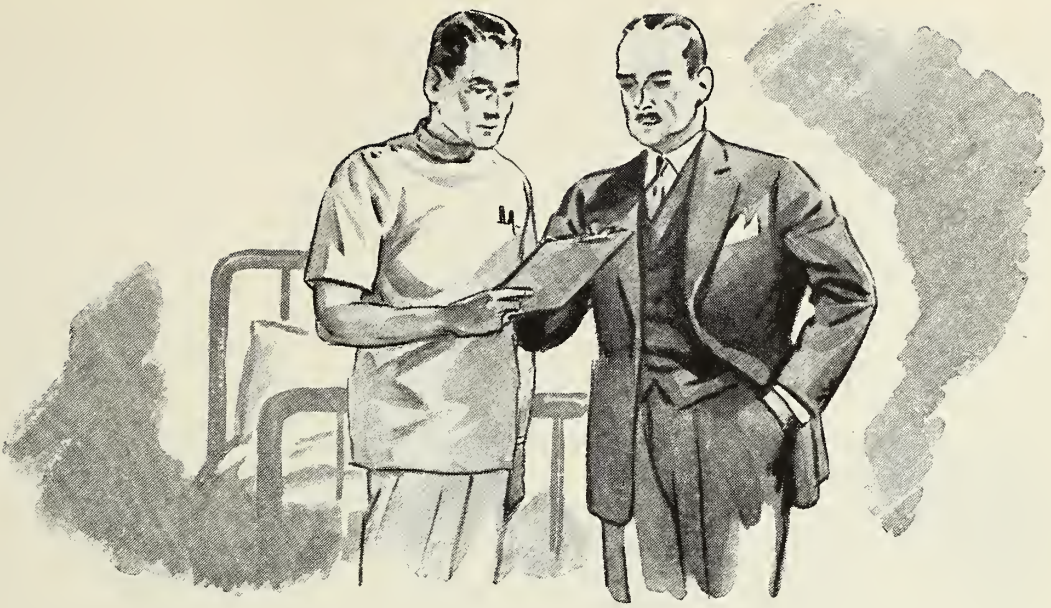
**\$ 2,700,000.00 INVESTED ASSETS  
\$12,700,000.00 PAID FOR CLAIMS**

*\$200,000.00 deposited with State of Nebraska for protection of our members.*

*86c out of each \$1.00 gross income used for members' benefit*

*Disability need not be incurred in line of duty—benefits from the beginning day of disability.*

**Physicians Casualty Association  
Physicians Health Association  
400 First National Bank Bldg., Omaha 2, Nebr.**



## WHEN NUTRITION MUST BE MAINTAINED

Few are the diseases in which maintenance of the nutritional state is less important than specific therapy. For unless the metabolic demands of the morbid organism are adequately satisfied, maximal response to drug administration hardly can be expected.

In a host of febrile, infectious, and neoplastic diseases Ovaltine can be of considerable benefit in supplying the extra nutrients required during periods of greater need. This nutritious

food drink, made with milk, supplies the dietary elements required: adequate protein, readily assimilated carbohydrate, B complex and other vitamins, as well as important minerals. Ovaltine leaves the stomach rapidly because of its low curd tension, hence may be taken as frequently as deemed necessary. And its delicious taste encourages adequate consumption, an important factor in combating the anorexia of many diseases.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.

# Ovaltine

Three daily servings of Ovaltine, each made of ½ oz. Ovaltine and 8 oz. of whole milk,\* provide:

PROTEIN . . . . .	31.2 Gm.	VITAMIN A . . . . .	2953 I.U.
CARBOHYDRATE . . . . .	62.43 Gm.	VITAMIN D . . . . .	480 I.U.
FAT . . . . .	29.34 Gm.	THIAMINE . . . . .	1.296 mg.
CALCIUM . . . . .	1.104 Gm.	RIBOFLAVIN . . . . .	1.278 mg.
PHOSPHORUS . . . . .	.903 Gm.	NIACIN . . . . .	7.0 mg.
IRON . . . . .	11.94 mg.	COPPER . . . . .	.5 mg.

\*Based on average reported values for milk.



## MENNINGER FOUNDATION TO EXPAND

The Menninger Sanitarium corporation has approved a resolution to dissolve as of next June 30 and to transfer its assets to the Menninger Foundation. The transfer in assets, permitting a long-considered consolidation of activities in education, treatment and research, will involve buildings, equipment, grounds and other facilities totalling \$325,000, of which \$200,000 will be a personal contribution of Doctors C. F., Karl and Will Menninger and their colleagues.

Treatment of a larger number of patients, both adults and children, without regard to their financial status, will be a major aim of the foundation, for which a psychiatric hospital unit costing \$750,000 is contemplated.

Additional buildings trebling the capacity of the South-

ard school would cost \$250,000, and a psychosomatic hospital unit for correlation of psychiatric and medical studies would cost \$150,000. A fund of \$100,000 a year would permit treatment for patients with small incomes.

Estimates for post-graduate education, including training for young psychiatrists, physicians returning from service, nurses, teachers, and others, were placed at \$105,000; research, \$149,000; scholarships for promising children, \$30,000.

Listed as officers of the foundation are: chairman of the board, Dr. C. F. Menninger; president, Dr. Karl Menninger; vice presidents, Dr. W. C. Menninger, John R. Stone, and P. E. Burton; secretary, Dr. K. T. Toeplitz; assistant secretary, Mildred Law; treasurer, Dr. Robert P. Knight; assistant treasurer, M. W. Hoover; executive assistant, Jean Menninger.



WALKING COMFORT ASSURED IN

**LIMBS by ISLE**

The W. E. ISLE Company

ENTIRE SECOND FLOOR  
1121 GRAND AVE.  
KANSAS CITY, MO.  
VICTOR 2350

*The Neurological Hospital, 2625 The Paseo, Kansas City, Missouri. Operated by the Robinson Clinic, for the care and treatment of nervous and mental patients and associated conditions.*

*In Estrogen Therapy Remember...*

**Schieffelin BENZESTROL**

(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

Formerly called by the trade name OCTOFOLLIN

**Schieffelin & Co.**

20 COOPER SQUARE, NEW YORK 3, N. Y.

Pharmaceutical and Research Laboratories

In estrogen therapy the physician is particularly interested in clinical efficacy and freedom from toxic side reactions. In **BENZESTROL**, Schieffelin & Co. offers a significant contribution to hormone therapy in that it is both estrogenically effective and singularly well tolerated whether administered orally or parenterally.

**BENZESTROL TABLETS**

Potencies of 0.5, 1.0, 2.0, 5.0 mg.  
Bottles of 50, 100 and 1000.

**BENZESTROL SOLUTION**

Potency of 5.0 mg. per cc. in 10 cc.  
Rubber capped multiple dose vials.

**BENZESTROL VAGINAL TABLETS**

Potency of 0.5 mg. Bottles of 100.

*Literature and samples on request*

# WHEN MILK BECOMES "FORBIDDEN FOOD"

## SYMPTOMS

*Persistent G.I. disturbances  
eczema, allergic rhinitis*

## DIAGNOSIS

*Infant shows obvious  
allergy to cow's milk*

## TREATMENT

*Eliminate milk from diet  
Replace with suitable hypoallergenic substitute  
(Mull-Soy)*



## MULL-SOY FOR EQUIVALENT NUTRITION

While the manifestations of milk allergy or intolerance are most often seen in infants, they may be present at any age. And, when successful treatment demands complete elimination of milk from the diet, replacement by food approximately equivalent in nutritional elements becomes imperative.

MULL-SOY is an effective hypoallergenic substitute for cow's milk... a concentrated, emulsified liquid soy bean food which closely approximates cow's milk in protein, fat, carbohydrate and mineral content. It is palatable, well tolerated, easy to digest, and easy to prepare. Infants particularly relish MULL-SOY... and thrive on it!

Copies of "TASTY RECIPES FOR MULL-SOY IN MILK-FREE DIETS" are available for distribution to milk-allergic patients. Write

BORDEN PRESCRIPTION PRODUCTS DIV., 350 MADISON AVE., NEW YORK

## COMPARATIVE COMPOSITION

1 Part Mull-Soy	Average Whole
1 Part Water	Cow's Milk
3.1% . . . . Protein . . .	3.3%
4.0% . . . . Fat . . . .	3.8%
4.5% . . Carbohydrate . .	4.9%
1.0% . . Total Minerals . .	0.7%
87.2% . . . . Water . . .	87.3%

Each provides 20 calories per fluid ounce



# MULL-SOY

## Hypoallergenic Soy Bean Food

MULL-SOY is a liquid emulsified food, prepared from water, soy bean flour, soy bean oil, dextrose, sucrose, calcium phosphate, calcium carbonate, salt and soy bean lecithin, homogenized and sterilized. Available in 15½ fl. oz. cans at all drug stores.



## MEMBERS

Dr. L. M. Tomlinson, who has been practicing in Harveyville, is moving to Topeka.

Dr. W. L. Speer, Osawatomie, has been named Miami county coroner to fill the term of Dr. B. L. Phillips, who has resigned because of poor health.

Dr. William B. Scimeca, son of Dr. and Mrs. S. A. Scimeca of Caney, has completed his internship at Medical Center and Margaret Hague Maternity hospitals in Jersey City.

Dr. L. S. S. Ott of Leoti plans to move soon to Longdale, Oklahoma, to a ranch which he has owned for a number of years.

Dr. L. B. Spake, Kansas City, a member of the University of Kansas Board of Regents, received a Certificate of Merit as co-exhibitor on the subject "Laryn্থian Surgery," at a recent meeting of the American Academy of Ophthalmology and Oto-Laryngology in Chicago. Only one such award is given each year.

Dr. C. H. Lee, recently discharged from the Army, addressed the Stockton Rotary club recently on the topic of Army medical care, comparing methods used now and at the time of World War I.

Three Kansas City, Kansas, physicians have been made honorary life members of the Wyandotte County Medical Society, Dr. L. D. Mabie, Dr. E. L. Asbell and Dr. Leslie Leverich.

## ALCOHOL—MORPHINE—BARBITAL

ADDICTIONS Successfully Treated Since 1897—

Founded by B. B. Ralph, M.D.



*Write for description booklet*

### The Ralph Sanitarium

529 Highland Ave.

Kansas City, Mo.

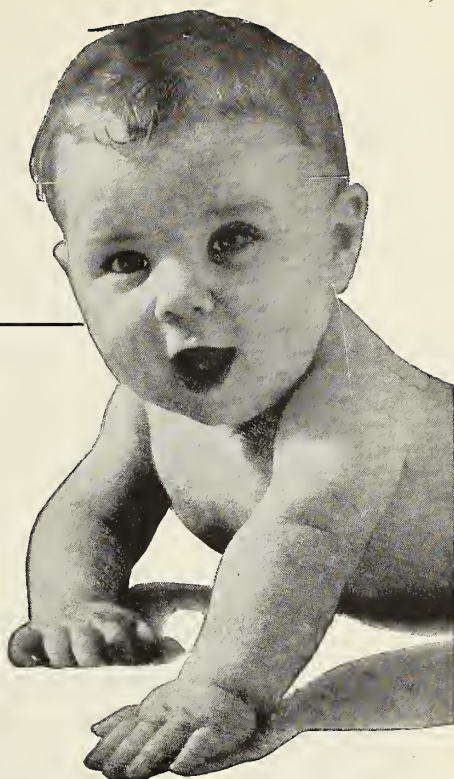
Telephone—Victor 4850

Registered by the Council on Medical Education and Hospitals of the A. M. A.

**Pure..**  
**Wholesome..**  
**Refreshing**

Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.





for **I**nfants and Children

MILK DIFFUSIBLE *Vitamin D* PREPARATION

DRISDOL in Propylene Glycol makes it possible to secure the benefits obtainable from combining vitamin D with the daily milk ration. This preparation is simple, convenient and easy to use, and relatively little is required for prophylaxis and treatment of rickets—*only two drops daily.*

*does not float on milk*  
*does not adhere to bottle*  
*does not have a fishy taste or odor*

Drisdol in Propylene Glycol—10,000 units per Gram—is available in bottles containing 5 cc. and 50 cc. A special dropper delivering 250 U.S.P. vitamin D units per drop is supplied with each bottle.



WINTHROP CHEMICAL COMPANY, INC. NEW YORK 13, N. Y.  
 Pharmaceuticals of merit for the physician WINDSOR, ONT.

**D***risdol* in Propylene Glycol

Reg. U. S. Pat. Off. & Canada

Brand of  
 Crystalline Vitamin D<sub>2</sub>  
 from ergosterol

Dr. Darrell L. Bell, who formerly practiced in Columbus and has been engaged in special medical and surgical work at the Louisiana Charity hospital in Monroe, La., for the past 15 months, has returned to Columbus and has reopened his office.

Dr. Charles S. Fleckenstein, who has been practicing in Onaga for eight years, opened a three-story hospital there last month.

Dr. W. R. Palmer, retiring Wyandotte county coroner, has become assistant county physician, replacing Dr. Charles M. Stemen, resigned.

### CLENDENING AID TO K. U.

A \$50,000 bequest to the University of Kansas Endowment association, to be used for the department of medical history, was made by Dr. Logan Clendening in his will which was filed for probate early in February. It is the understanding of Dr. H. R. Wahl, dean of the school of medicine, that Dr. Clendening wished the money used to maintain the library of medical history. His books, among Dr. Clendening's most valued possessions, were left to the library of medical history in the Hixon laboratory at the university.

Our greatest glory is not in never failing, but in rising each time we fall.—Goldsmith.

## THE TROWBRIDGE TRAINING SCHOOL

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

**The Best in the West**

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.  
**1850 Bryant Building E. HAYDEN TROWBRIDGE, M.D. Kansas City, Mo.**



## Prescribe or Dispense Zemmer Pharmaceuticals

A Complete line of laboratory controlled ethical pharmaceuticals.

KA 3-45

Chemists to the Medical Profession for 42 years.

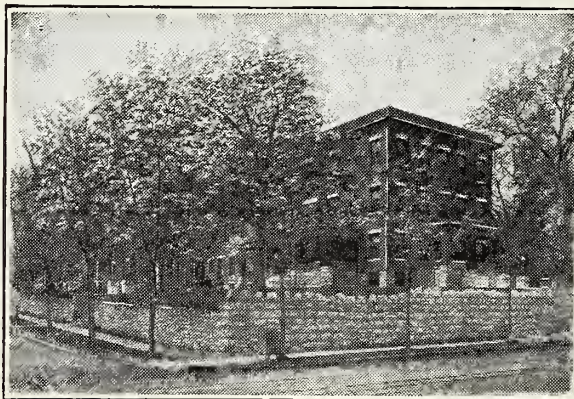
**The Zemmer Company, Oakland Station, Pittsburgh 13, Pa.**

# THE MAJOR CLINIC ASSOCIATION

3100 EUCLID AVENUE

KANSAS CITY, MISSOURI

A Well  
Equipped  
Institution  
for the  
Nervous and  
Mental  
Diseases and  
Alcohol  
Drug and  
Tobacco  
Addictions



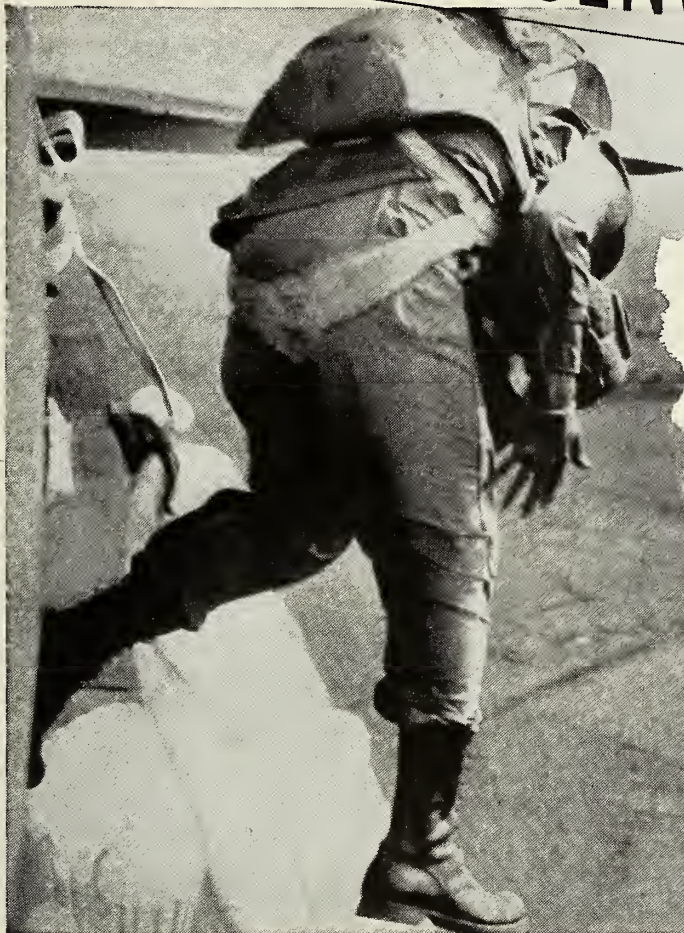
Beautiful  
Location  
Large,  
Well Shaded  
Grounds,  
Spacious  
Porches,  
All Modern  
Methods for  
Restoring  
Patients to a  
Normal  
Condition

**HERMON S. MAJOR, M.D.**  
*Medical Director*

**HENRY S. MILLETT, M.D.**  
*Associate Medical Director*

**HERMON S. MAJOR, JR.**  
*Business Manager*

# EMERGENCY CALL!



## MEDICS BAIL OUT TO AID CUT-OFF U.S. BATTALIONS

**SUPREME HEADQUARTERS.** Allied Expeditionary Forces — By parachute and by glider, Army surgeons went to the aid of the gallant garrison of beleaguered Bastogne.

The surrounded lost their only hospital in one of the first German attacks. With more than 800 wounded, the commanding officer radioed for medical aid. The response came immediately. Medics and medical supplies went in by parachute, by glider, and in Piper Cub planes.

**F**ROM Bastogne to Leyte, the story is being repeated over and over again — of Army doctors, braving the battle hazards of the front line, risking *their* lives to save lives.

Emergency call? *Every* call is an emergency call to these *heroes in white*.

And with the Army doctor, as with the fighting men they care for, rest is often limited to a few moments of relaxation and a good cigarette. A Camel cigarette, more than likely, for Camels are the favorite with men in all the services, according to actual sales records.



# CAMELS

**COSTLIER  
TOBACCOS**

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

## VENEREAL DISEASE PROBLEMS DISCUSSED

In connection with the observance of Social Hygiene Day, Lieutenant Colonel Thomas H. Sternberg, MC, Director of the Venereal Disease Control Division, Preventive Medicine Service, Office of the Surgeon General, addressed the Los Angeles, Calif., Seattle, Wash., and Portland, Ore., Social Hygiene Societies this month.

He said that the Army venereal disease rate for the Continental U. S. had risen from 26.3 per 1,000 men in 1943 to 40 per 1,000 in 1944. This increase, he said, was due to gonorrhea and must reflect, at least partially, an increase in the incidence of civilian gonorrhea. The syphilis rate, he said, declined 20 per cent last year.

The intensity of our venereal disease control program at home, he pointed out, has been lowered in part by the overseas assignment of most of the Army's trained

venereal disease control officers who were initially stationed here. On the bright side of the picture, the trend of venereal disease rates in most theaters of operations is downward and the combined overseas rate for all American soldiers is now lower than for those stationed in the United States.

Cooperative medical projects set up since March 1941 in 18 of the 20 South American countries are contributing to improvements in business and agriculture, according to Major General George C. Dunham, who addressed members of the American Foundation for Tropical Medicine early in February. Approximately 700 medical projects are currently in operation, including work in both curative and preventive medicine. Although the professional objective is good health, the over-all objective of these projects is to raise the standard of living.

—FOR THE MOST—



**MONEY TO YOU  
OUT OF DELINQUENT PATIENT RECEIVABLES**

USE THE

**ASSOCIATED CREDIT BUREAU**

SUITES 3-4, PALACE BLDG., EMPORIA

L.D. PHONE 2444

Associated with the select bureaus of the National Association of Medical Dental Bureaus and the powerful retailer's bureaus, the Associated Credit Bureaus of America, Inc.

*A No Collection No Charge Plan. Write or Telephone Us. Thank You*

**PAUL O. KRUEGER, Executive Director**



# S W O P E

## RADIOLOGICAL CLINIC

*Apparatus for our work includes the following:*

1. 440 K.V. (440,000 constant potential supervoltage) for treatment of the deepest malignancies, especially in large people.
2. 220 K.V. (220,000 conventional type) for respiratory and moderately deep tumors.
3. 130 K.V. (130,000 full wave) for fluoroscopy, radiography and skin therapy.
4. Radium, alone or as adjunct to any of the above.

*We especially invite your counsel and cooperation  
when combination of surgical therapy is evident.*

**OPIE W. SWOPE, M.D., FACR, Director**

*Mrs. Eva Pedigo, Secy. and Business Mgr.*

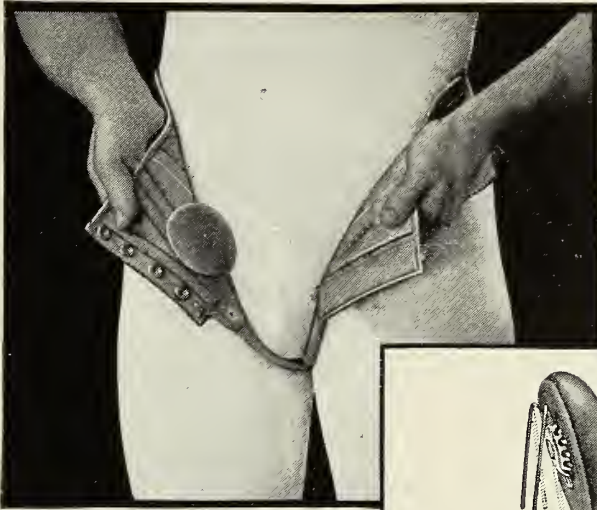
Dial 3-3842

**WICHITA, KANSAS**

**York Rite Bldg.**

**CAMP**  
TRADE MARK

# Belt for Inguinal Hernia



Belt with pad  
in place



Camp Spring Pad  
(Patented)



Belt fitted, adapted to  
all types of build

**I**N patients with indirect inguinal hernia of small or moderate size, this belt with pad has proved successful in many instances in holding the hernia within the abdominal cavity. The comfort of a *belt* about the pelvic girdle is greatly appreciated by the patient.

The CAMP adjustable spring pad for use with the belt is equipped with prongs of piano wire. The strong flexible prongs fit firmly in the casings of the belt. Pads are available in varying shapes and depths.

The CAMP adjustment of the belt courses along the groin over the pad, hugging it in and up for the protection of the internal ring.

Surgeons who wish some protection over the area after operation will find this belt of particular advantage because the adjustment allows varying degrees of firmness about the lower abdomen.

# Effective Convenient Economical

**T**HE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

## Mercurochrome

(H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium)

is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



**HYNSON, WESTCOTT  
& DUNNING, INC.  
BALTIMORE, MARYLAND**

## CONGRESS OF OPHTHALMOLOGY

The leading Latin-American ophthalmologists are enthusiastic about the next meeting of the Pan-American Congress of Ophthalmology, scheduled for November 25-30, 1945, in Montevideo, Uruguay, reports Dr. Harry S. Gradle, president of the Congress, now on a speaking tour in South America. The arrangements committee has completed the program and preliminary work and has given complete information to Dr. Gradle. Those interested in the Congress may secure information early in April when Dr. Gradle returns from his tour. He may be reached at 58 East Washington Street, Chicago 2, Illinois.

## EPIDEMICS DECREASE IN RUSSIA

Since the start of the war there have been few cases of polio in the Soviet Union, Dr. Sofia Markina, director of the Dzerzhinsky Children's Hospital in Moscow, told Leo Gruliov, Russian War Relief representative, and Lillian Hellman, American author and playwright, who made a tour of this 400-bed hospital, outfitted with American blankets, sheets, pajamas and medical supplies sent by the relief agency.

The virtual disappearance of poliomyelitis among Russian children was attributed by Dr. Markina to the wide dispersal of these children during the evacuation which took place early in the war.

The relief representative who cabled this information to the agency's headquarters in New York City also reported a decline of rheumatic fever among children, a decrease which Dr. Markina feels is due to the lack of protein content in Russia's wartime diet. This dietary insufficiency, Dr. Markina pointed out, has, however, created other serious nutritional cases requiring sanatorium treatment. Citing an absence of epidemics as a whole, she indicated as a special wartime problem the rise of malaria carried by children who returned from evacuation points in Central Asia.

The staff of the Dzerzhinsky Children's Hospital, under Dr. Markina's supervision, is now making a study of wartime effects on the health of children.

## SOCIAL HYGIENE AWARD TO GENERAL IRELAND

Major General Merritte W. Ireland, U. S. A., former Surgeon General of the Army, received the William Freeman Snow Award on February 7, in Chicago. The award, established in 1937 and given annually by the American Social Hygiene Association, is "For Distinguished Service to Humanity."

Announcement of the 1945 award was made by General John J. Pershing, the General of the Armies, acting in his capacity as chairman of the Association's committee on awards.

General Ireland's brilliant career began in 1891 as a pioneer Army medical officer and culminated in his distinguished service as Surgeon General of the Army, a post which he held from 1918 until his retirement in 1931. During his term of service he reorganized the Surgeon General's Office on the strength of experience gained during World War I and laid the basis for the present efficient army medical program through the establishment of the Field Service School at Carlisle Barracks, Pa., and the development of the Army Medical Center at Washington, D. C., and of Army hospital facilities.

## MEN INCREASE IN STATURE

That stature shows distinct signs of increase in the present generation is one of the facts brought to light through examinations at military induction stations, according to the statistical bulletin published by the Metropolitan Life Insurance company.

The average height of men between the ages of 20 and 29 examined at induction centers in May, 1943, was 68.15 inches, which is two-thirds of an inch more than the average of 67.49 inches for the first million draftees of ages 21 to 30 examined at the time of World I in 1917. The figure cited for 1943 is based on data published by the Office of the Surgeon General of the Army and omits cases inducted into the Navy, for which figures are not available.

The proportion of tall men among the 1943 selectees was also greater than among those of the last war. Among men 20 to 30 years old, 27.5 per cent were five feet ten inches or over while the 1917 group showed a percentage of 22.4. The proportions of six-footers were 8.8 and 6.5 per cent respectively, about one-third greater at present than it was a quarter of a century ago.

The trend for greater height is shown clearly also in an inspection of the facts for men of different age groups, since the older men were born at an earlier period. Average heights, according to age, are as follows:

Under 20 years .....	68.02 inches
20-24 .....	68.15 inches
25-29 .....	68.14 inches
30-34 .....	67.83 inches
35 and over .....	67.54 inches

It will be noted that there is a sustained gradual increase from the older to the young men, except for the youngest group, for whom growth is evidently not quite complete. Even so, the selectees 35 years old and over today are a little taller than the average at ages 21-30 in the first World War.

In commenting on this change the Metropolitan bulletin gives credit to the improvement in general health and nutritional conditions over recent decades. "The alarm which has been voiced by some over the high rejection rates in our Army," it reports, "quite overlooks the fact that standards of rejection are to some extent arbitrary and subject to adjustment according to conditions and the judgment of those directing the formation of the armed forces. What is more important, standards far above those required for the ordinary pursuits of life must be maintained. It is hardly too much to say that every prospective soldier in the front lines must be something of a potential athlete to be able to cope with the excessively heavy duties, wholly outside the scope of ordinary civilian activities.

"Thus there is every indication that the seemingly high rejection rates are in no sense due to a relatively low level of physique among our young people, but that any seemingly adverse comparison between the situation at the first World War and in the present conflict is due mainly to a difference in standards. While we still have far to go before optimal conditions for growth and health in childhood are established, unquestionably the trend has been favorable. With continuing advances in our knowledge of nutrition, coming generations of Americans should show gains in physical status beyond that attained by young adults of today."

Down through the centuries the common law has recognized the maintenance of the common health as one of the great tasks of society.—Wendell Berge, Assistant Attorney General, U. S. Public Health Reports, January 5, 1945.



UNTIL her physician has opportunity to observe and treat her symptoms, many a woman—even today—faces the failing fires of the menopause in confusion.

Baffled by irregularity and fits of depression, harried by pain and vasomotor disturbances, she often fears the interruption of a productive life. But when she seeks your advice, you can take satisfaction in the knowledge that you have the answer to her problem—*estrogenic therapy*.

For dependable estrogenic therapy, turn with confidence to Solution of Estrogenic Substances, Smith-Dorsey—a medicinal of guaranteed purity and potency. Smith-Dorsey Laboratories are fully equipped, carefully staffed, qualified to produce a strictly standardized product.

With this product, you may rekindle many of those fitful fires . . .

### SOLUTION OF

*Estrogenic  
Substances*  
**SMITH-DORSEY**

*Supplied in 1 cc. ampuls and 10 cc. ampul vials  
representing potencies of 5,000, 10,000 and  
20,000 international units per cc.*

**THE SMITH-DORSEY COMPANY • LINCOLN, NEBRASKA**  
*Manufacturers of Pharmaceuticals to the Medical Profession Since 1908*

# All alike?

## RABBIT EYE TESTS\* TELL A DIFFERENT STORY!

Edema 0.8 (from PHILIP MORRIS Cigarettes) vs. Edema 2.7 (from ordinary cigarettes) clearly reveals the wide difference in irritation caused by different cigarettes.

Equally conclusive are clinical tests.\*\* They have proved over and over again that PHILIP MORRIS

Cigarettes are definitely and measurably less irritating to the nose and throat.

Doctor, may we urge you to make your own tests . . . on smokers whose throats are irritated from smoking . . . and see PHILIP MORRIS' superiority for yourself!



**0.8 . . .** Average edema upon instillation of smoke solution from PHILIP MORRIS CIGARETTES.



**2.7 . . .** Average edema upon instillation of smoke solution from ORDINARY CIGARETTES.

# PHILIP MORRIS

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York



\**Proc. Soc. Exp. Bio. and Med.*, 1934, 32, 241-245.

\*\**Laryngoscope*, 1935, XLV, No. 2, 149-154.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

REG. U. S. PAT. OFF.

*Special Foods*

## FOR INFANT NUTRITION



### PROTEIN S.M.A.\* (ACIDULATED)

*An acidulated, easily digested high protein formula for all infants requiring a high protein intake*

Protein S.M.A. Acidulated is a valuable aid in the management of premature and undernourished newborn infants, in cases of marasmus and malnutrition, in cases of diarrhea . . . This food has an easily digested curd and a liberal vitamin content . . . To increase the caloric value add Alerdex as the carbohydrate . . . As the infant recovers and weight reaches normal, it is well to begin feeding standard S.M.A.

*Powder: 8-ounce tins*

### HYPO-ALLERGIC\* WHOLE MILK

*For infants and children showing an allergic reaction to proteins in cow's milk*

Hypo-Allergic Milk is cow's milk rendered less allergenic by means of prolonged thermal processing which changes the character of the protein molecule . . . When liquefied it may take the place of whole cow's milk in any infant formula; in the same proportions, ounce for ounce . . . It may be used as a beverage and to replace milk in cooking for allergic adults, as well as children.

*Powder: 1-pound tins  
Liquid: 15½-ounce tins*

### ALERDEX\*

*Protein-Free Maltose and Dextrins*

*A carbohydrate for routine use in all milk formulae*

Alerdex, a protein-free carbohydrate, is especially valuable in the preparation of formulae for the protein-sensitive infant . . . It is the ideal carbohydrate for the physician's favorite formula . . . Alerdex is prepared from non-cereal starch by a process which tends to hydrolyze completely all traces of protein . . . It is a valuable adjunct to special diets with Hypo-Allergic Milk and Protein S.M.A. Acidulated.

*Calories: 27½ per tablespoonful.  
Powder: 16-ounce tins*

\*REG. U. S. PAT. OFF.



AT PHARMACIES ONLY

THESE ARE SMACO PRODUCTS FROM THE S.M.A. DIVISION

WYETH INCORPORATED • PHILADELPHIA 3 • PA.

## AUXILIARY

### PRESIDENT'S MESSAGE

The months of March and April bring to us many opportunities for public relations with our membership. March—the 1945 Red Cross War Fund will be raised. April—the call for membership in the Field Army for the Control of Cancer. There is now a proposed bill in the legislature authorizing the State Board of Health to establish a Division of Cancer Control.

The legislative session is of special interest to the medical profession at the present time. Please keep your auxiliary well informed by contacting the secretary of your County Society for information. He receives a weekly bulletin giving a synopsis of all legislation affecting medicine. The February issue of the Journal of the Kansas Medical Society has a very informative article from the Executive office, also articles on federal legislation and Kansas Physicians' Service, Inc.

The national program chairman has sent an outline for the Juvenile Delinquency program which I am enclosing for publication. Since this problem is increasing, I suggest that you devote some time for its discussion.

Your president, president-elect Mrs. Hugh A. Hope, and state chairman of public relations Mrs. C. M. Jenney, attended a luncheon meeting of the Rice County Auxiliary in Lyons February 13. Mrs. R. Leonard, Lyons, is president. Members were there from Lyons, Sterling, and Chase. They have maintained the same membership of ten members for the past three years, which shows real loyalty during the war. Our day with them was a very pleasant one.

February 21 will long be remembered by this president and president-elect as a real Kansas blizzard tried to prevent us from reaching Parsons and Fredonia to visit the Labette County and Wilson County Auxiliaries. By a round-about route we reached Parsons for the scheduled luncheon meeting February 22 at the home of Mrs. Charles H. Miller, state treasurer, the hostess. Mrs. J. A. Ebert, Oswego, is the president. The membership list when completed will be the same as last year. Labette County has the honor of having two past state presidents, the state treasurer, and state program chairman among its membership. We found Mrs. R. W. Urie, a past state president, a patient in the hospital. Mrs. E. C. Duncan, Fredonia, a past state president, was also guest at the meeting. We were house guests of Mrs. T. D. Blasdel. The visit with her and the Auxiliary was a happy one.

Due to the snow storm, we were unable to reach Fredonia for the luncheon meeting February 21, so we returned there with Mrs. E. C. Duncan as her house guest and attended a postponed dinner meeting with Mrs. Lynn Beal. The members from Neodesha came for the original meeting. We are so sorry not to have been there to meet them and do appreciate their efforts. Due to the war, Wilson County has lost one member. Their group is active in war service.

In March I will visit Mitchell County and Sedgwick County Auxiliaries. To meet with the membership of the Auxiliaries is a real inspiration to work harder than ever to be a good president.

Sincerely,

Mrs. Leo J. Schaefer.

### AUXILIARY MEETINGS

The Woman's Auxiliary to the Wyandotte County Medical Society held its annual public relations tea at Bethany Hospital Nurses' Home on February 9. Hostesses were Mesdames J. A. Billingsley, L. G. Allen, L. F. Barney, T. G. Dillon, E. F. Devilbiss, J. F. Hassig, A. J. Rettenmaier, G. H. Hobson, C. G. Davis, F. A. Rieke, C. V. McWilliams, Bessie Adams and Chester Young. Mrs. J. G. Evans, Mrs. LaVerne B. Spake and Mrs. Galen Tice headed the reception committee, assisted by the chairmen of various committees. About 250 guests attended, including executive officers of P. T. A. groups and women's clubs.

Mrs. K. C. Haas, president, gave a short address of welcome, and Mrs. J. A. Billingsley introduced the speaker, Dr. F. C. Beelman of Topeka, who discussed "Protecting Public Health in the State of Kansas." After his talk Dr. Beelman answered questions proposed by the group. Mrs. Harry Butler, vocalist, accompanied by Mrs. Holly Carter, entertained with several numbers.

More than a hundred members and guests were present at a formal tea given by the Woman's Auxiliary to the Shawnee County Medical Society on February 12 at the home of Mrs. W. W. Reed, with Mrs. Andrew F. Schoepel and the wives of the state legislators as special guests. The wives of medical officers stationed at Winter General Hospital and the Topeka Army Air Base were also invited.

The committee in charge of the tea was composed of Mesdames F. C. Beelman, chairman; W. M. Mills, Karl Stock, B. M. Powell, W. F. Bowers and W. M. Brewer. Mrs. C. B. Van Horn and Mrs. J. L. Lattimore presided at the tea table, assisted by daughters of members. Mrs. C. E. Joss and Mrs. O. A. McDonald assisted through the rooms.

Mrs. Charles Miller entertained ten members and guests of the Labette County Medical Society Auxiliary at a luncheon at her home in Parsons February 22. Mrs. Leo J. Schaefer, Salina, state president, was honor guest and Mrs. Hugh A. Hope, Hunter, and Mrs. E. C. Duncan, Fredonia, were also present. Mrs. J. A. Ebert, Oswego, presided over a short business session, after which Mrs. Schaefer gave a short talk.

The Saline County Auxiliary held a dinner meeting February 8 in El Patio room of the Cafe Casa Bonita, Salina. Dr. L. S. Nelson explained state legislation, after which there was a round table discussion of pending state and national legislation.

The Rice County Auxiliary entertained in Lyons February 12 with a luncheon in honor of the state president, Mrs. Leo J. Schaefer of Salina. Also present were Mrs. Charles Jenney of Salina, public relations chairman, and Mrs. Hugh Hope of Hunter, president-elect.

Mrs. Jenney spoke briefly on the relationship of the Auxiliary to the public, and Mrs. Schaefer discussed the aims and objectives of the Auxiliary. She stressed particularly the necessity for cooperation and told of the importance of education within the group to keep members informed on medical legislation and other matters of general interest.

# THE JOURNAL *of the* KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

APRIL, 1945

Number 4

## RETIRING PRESIDENT AND PRESIDENT ELECT



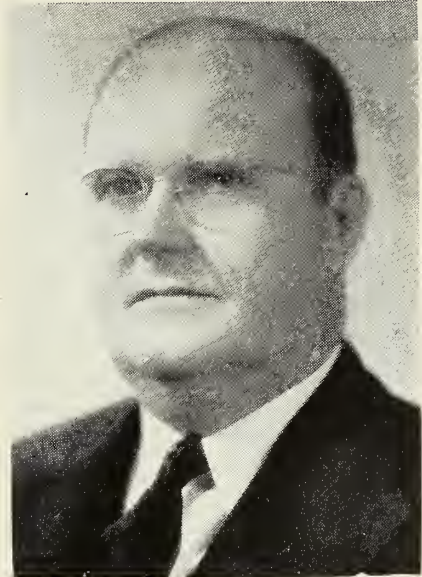
**Marion Trueheart, M.D.**  
Retiring President

Dr. Trueheart was president during the 1945 session of the Kansas legislature. For three months while innumerable difficulties presented themselves, our president remained in Topeka personally directing the course our Society was to take.

His sound judgment, his moderation, his friendly counsel carried the interests of medicine safely past this crisis just as it characterized all activities of the Society during the past year.

During his administration numerous monumental achievements were recorded. The Post Graduate Fund became a reality. An enabling act organizing the Kansas Physicians' Service was adopted. The first official state-wide cancer control program had its beginning. A medical testimony committee was formed.

We will remember this year with pleasure and in behalf of the entire Society express our gratitude to Dr. Trueheart for his splendid leadership during a year heavily beset with difficulties.



**William P. Callahan, M.D.**  
President Elect

Dr. Callahan will be an outstanding president. His experience as councilor for the Sixth District, committee chairman and officer in numerous capacities has demonstrated his ability. His presidency of the Sedgwick County Medical Society in 1922 represented a peak in the history of that organization.

Dr. Callahan was born in 1888 and graduated from the University Medical College of Kansas City in 1910. He is a member of the American College of Surgeons and specializes in surgery at Wichita where he lives.

A man of recognized professional achievement, with dynamic qualities of leadership, with an intense interest in the medical profession and a broad understanding of its problems, Dr. Callahan is singularly equipped to serve this society as its president. We look forward with confidence and pride toward the work that will be accomplished during the coming year.

# Councilor Reports

The following reports from the twelve councilors of the Kansas Medical Society give a picture of the activities of each unit during the past year. The reports are presented now, before the meeting of the House of Delegates, so that all delegates will have opportunity to become familiar with the information recorded.

## FIRST DISTRICT

To the House of Delegates:

This is my sixth annual report as councilor of the First District. We have had only one district meeting this year, and the majority of the counties want another scientific district meeting. My successor may call the meeting.

This district and the Kansas Medical Society regret the loss of Dr. Sam Murdock, Sabetha, who passed away at his home a few weeks ago. Dr. Hibbard has returned to practice at Sabetha. We have 17 members in the service and 62 doctors in active practice. Other details of the district may be seen on the chart below.

Counties	MDs in County	Active MDs	MDs in Service	No. in Society	Regular Meeting	How Often
Pottawatomie .....	11	10	0	10	Yes	Quarterly
Doniphan .....	6	3	1	4	No	.....
Jefferson .....	7	7	2	7	No	.....
Nemaha .....	12	8	1	8	Yes	Quarterly
Atchison .....	14	12	7	10	Yes	Monthly
Jackson .....	4	2	2	4	No	.....
Marshall .....	13	12	2	12	Occasional	.....
Brown .....	9	8	2	11	Yes	Monthly

Doctors of this district have been working hard doing a good job in the practice of medicine and surgery. They have given me very fine support in every way. I think I have been present at all of the councilor meetings except three during the last six years. I hope the very fine cooperation given by the doctors of this district to the officers of the Kansas Medical Society, central office and the Journal will continue.

Respectfully submitted,

J. W. Randell, M.D., *Councilor*

## SECOND DISTRICT

To the House of Delegates:

Very few matters have arisen during the past year that could not be handled by correspondence. Members of the district were too busy to attend unnecessary meetings, therefore none were called. In general all conditions in the district are satisfactory considering the times.

Respectfully submitted,

O. W. Davidson, M.D., *Councilor*

## THIRD DISTRICT

To the House of Delegates:

Again it is time to furnish the regular annual report intended to cover in general the activities for the preceding year. These activities for the year have been somewhat handicapped due to the exigencies of the war. Yet, sincere attempts have been made to maintain organization. Your councilor has been successful in attending all the council meetings of the year except one. Considerable time, energy and money has been expended in behalf of the district; your officers have been able to steadfastly hold the line in all matters. I personally feel that the times and conditions under which your representatives were forced to work should be considered when you apply the yardstick of accomplishments during the year.

We have been primarily concerned with legislative matters, the post-graduate extension program and insurance. The insurance program has been one designed to meet, in part, the ever-present urge for further social legislation, and this program will shortly be introduced in its entirety.

A meeting was held in Chanute for the purpose of disseminating the initial information on the above programs. The meeting was well attended and we appreciate the time of all those who participated.

Your councilor wrote each member in the district and attempted to thereby explain the details of the graduate fund, the efforts of which, at this writing, have produced approximately \$30,000, which is somewhat short of the anticipated goal. Representatives of each county in the district met once during the year and discussed public relations. I am glad to advise substantial progress was made and I wish to thank each and every member on this committee who gave so freely of his time and effort. With a minimum amount of regret for the year closing, let us look forward to the ensuing year as an approach to normalcy.

Respectfully submitted,

C. H. Benage, M.D., *Councilor*

## FOURTH DISTRICT

To the House of Delegates:

I regret that circumstances beyond my control made it impossible for me to take an active part in this work during the past year.

As far as I know, the district has been functioning normally in spite of many difficulties pertaining to the war. County medical societies, at least the one in Lyon county, have been active, and I

know of no outstanding problem that needs to be reported at this time.

Respectfully submitted,  
Frank Foncannon, M.D., *Councilor*

### FIFTH DISTRICT

To the House of Delegates:

Your Councilor for the Fifth District begs to report that in spite of the number of members absent from our district in military and naval service that, without exception, the remaining society members are keeping up a reasonable interest in the problems of our Society and looking forward to real progress in the post war period.

The post graduate plan has met with a reasonable success in the Fifth District and your councilor feels that the efforts of that committee should be more actively supported so that the program of activities in post graduate work might be promptly and well established by the close of the war.

I am recently informed by one of the men from our District who is in service in England that they are already setting up refresher courses embracing some of the medical problems which must be met when our service men return from the far corners of the earth. When the doctors return they must not find our efforts lagging behind their own in this post graduate training.

Respectfully submitted,  
J. L. Grove, M.D., *Councilor*

### SIXTH DISTRICT

To the House of Delegates:

The past year has been rather uneventful in the Sixth District due to the absentees in the service and the fact that all members have been very busy.

Only a few of the county societies have been functioning as a result of the above, among which are Sedgwick, Butler-Greenwood and Cowley. Your councilor has visited these three on several occasions and found them very active.

The members as a group have been vitally interested in the legislative year, with particular interest in the proposed new practice act. The provision for compulsory post-graduate work was especially well received.

Medical attention of good quality is still being rendered throughout the district in spite of the thinner spread due to absentees in the service.

Respectfully submitted,  
Warren F. Bernstorff, M.D., *Councilor*

### SEVENTH DISTRICT

To the House of Delegates:

It is difficult to make out a report of the year's activities when, in reality, the activities have been very slight or nothing. However, as councilor of the Seventh District I plead guilty to this, having done very little in my district this past year. The reasons for this lack of activity on my part have been lack of any particular meeting or discussions to come before the district, and the all-important difficulties or inability to get around to visit these societies for the lack of time. Therefore, my report for the present year shall of necessity be very brief.

As before stated, there have been no particular meetings of great interest or concern to be called to the attention of the county societies. As far as I can ascertain, the existing status of a year ago approximately prevails today in these counties. There seems to be no particular shortage of physicians, but likewise there is no surplus of physicians in my district. It appears the Farm Security Administration Plan is not now being employed in any of the counties in my district, the same status as of the preceding year.

A brief summary of the activities of the individual counties follows:

Clay—This county society is one of the most active societies in the district. Holds its meetings regularly each month and presents very good scientific programs, usually arranged by several members of the local society, occasionally having outside speakers. There has been no change in the physician personnel, no deaths, no removals, no incoming physicians. They gave tuberculin tests to about 800 children, immunized about 754 for diphtheria and gave booster doses of diphtheria toxoid to 687, and vaccinated 1124 for small pox. They have 100 per cent membership of physicians in their county. Hospital facilities remain ample.

Cloud—It is my understanding this county has a limited number of scientific meetings each year, and meetings are very well attended by members of many adjoining counties. They have had no incoming physicians the past year, and have reported the death of Dr. Otto Kiene on November 6, 1944. Dr. Kiene had long been a bulwark in the profession in Concordia and, in fact, in all northwestern Kansas. He had done a world of hard work in this section of the state, having lived here for approximately 25 to 30 years. Though he had been ill for the last couple of years and had done very little work during the year, he will be greatly missed by thousands of his former patients and his colleagues of that section. All the active physicians of the county are members in good standing of their society. Some who have re-

tired or are engaged in other activities do not hold membership.

Jewell—This county reports no death of physicians during the past year. Dr Harp located in Mankato over a year ago, but left to locate in Little River last September. Otherwise no new physicians have located in the county. Their meetings are held approximately each month. During the past year the tuberculin test for school children was given, also diphtheria immunizations and small pox vaccinations. They report that five physicians belong to their society and two do not.

Mitchell—This county has had no death during the past year, and they have had no new physicians locating in their county. They have regular monthly meetings, held about half the time with outside speakers, and seem to be quite an active organization. They report nine physicians in the county with all but one belonging to the society.

Republic—This county reports no new physicians locating in the county, none dying nor leaving the county during the past year. It holds regular monthly scientific meetings. Hospital facilities are adequate. They report ten physicians in the county, and two do not belong to the society.

Washington—This county reports no new physicians locating there during the past year. Dr. Betzer of Washington went to the Navy during the past year, and Dr. Rhoades of Hanover died during the year. The society meetings have been held at least every other month and consisted of general business sessions and scientific papers by the local members. They report 100 per cent membership of desirable physicians in their society.

Riley—We have had several changes in physician personnel during the past year. Dr. J. E. Hewitt has located in Riley, Kansas; Dr. B. H. Boltjes located in Manhattan from Kansas City; Dr. Martiele Turner has located in Manhattan; Dr. C. B. Weigel of Pennsylvania has located in Manhattan to assist in the Student Health Service of Kansas State College. Those leaving the county are Dr. M. O. Steffen, who has moved to Great Bend; Dr. A. E. Martin, formerly with the Student Health Department at the college, to Pasadena, California; Dr. M. W. Husband, formerly with the Student Health Department, to the Navy; Dr. W. C. Woods, formerly with the Student Health Department, to the Army. I believe it is right to say Riley county, like several other counties, is not holding regular scientific meetings but is having a business meeting on the average of once a month. We have had two or three scientific meetings with outside talent. Concerning the percentage of physicians belonging to the society, we have two physicians, one in the Student Health

Department and one in the town of Manhattan, who are not yet members, but we believe they will become members shortly. We have one retired physician who is not a member.

I submit this report for your consideration realizing its incompleteness and inadequacies, but hope it may suffice, under the existing circumstances.

Respectfully submitted,

R. R. Cave, M.D., *Councilor*

## EIGHTH DISTRICT

To the House of Delegates:

This has been a very colorful year for medicine in Kansas. Many problems have arisen and have been successfully cared for. It has been a great pleasure to have been a councilor during this period.

I believe a vote of thanks is due the various committees in the Society for the efficient manner in which they have executed their duties.

Your councilor attended all meetings he possibly could. The meeting at St. Francis, Kansas, at the invitation of Dr. Haddon Peck, is outstanding in his memory.

Everything seems peaceful in the Eighth District. The Societies have met regularly with good attendance and good programs.

Respectfully submitted,

B. H. Mayer, M.D., *Councilor*

## NINTH DISTRICT

To the House of Delegates:

The demands of the sick in this district continue to call upon each doctor to extend himself to his utmost capacity at all times. I believe that the people are now receiving more medical care than they did during normal times.

Dr. G. A. Leslie, of McDonald, has moved to Colorado. This loss has been greatly noticed by the doctors adjacent to the McDonald territory.

Much progress has been made toward hospitalization in this district. Norton, Rawlins and Cheyenne counties are to have new hospitals as soon as war conditions permit their construction. The Colby and Goodland hospitals are planning additions to their institutions.

The State Sanatorium at Norton is operating to capacity.

Dr. Lucille Carmen, a graduate of Kansas University, has opened an office in St. Francis during the last year.

Respectfully submitted,

Haddon Peck, M.D., *Councilor*

## TENTH DISTRICT

To the House of Delegates:

The last year has not been any easier on the doctor's time. Death has removed some from our midst, and their burdens added to the work of the rest of the doctors.

Local and sectional meetings have continued, and it is gratifying to see the attendance, all eager to enlarge their knowledge for the benefit of their patients.

I wish to thank all those in my district for their help and consideration in the past year.

The Central Office also receives my thanks for their many bulletins and news items, which have made the work of the councilor easy and kept him informed on current events.

Respectfully submitted,

Otto A. Hennerich, M.D., F.A.C.S.

Councilor

## ELEVENTH DISTRICT

To the House of Delegates:

As councilor for the Eleventh District I respectfully submit the following:

No visitations have been made by your councilor to the different societies of this district during the past year due to shortage of physicians and increased demands on one's time.

We have held a fairly good number of Society meetings with the surrounding county societies well represented.

The sick of this district have been adequately cared for on the whole.

Respectfully submitted,

J. R. Campbell, M.D., Councilor

## TWELFTH DISTRICT

To the House of Delegates:

The Twelfth Councilor District has been quite inactive during the past year. We have been planning a meeting for the past two months to discuss the F. S. A. program, the post-graduate fund, and the State Society's pre-payment medical plan. We expect to hold this meeting before the state meeting.

Respectfully submitted,

G. R. Hastings, M.D., Councilor

# Committee Reports

*Although the work of many committees of the Kansas Medical Society has been curtailed because of the war and resultant transportation difficulties the reports below summarize the important activities of each group.*

## ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

C. Omer West, Chr., Kansas City; W. Y. Herrick, Wakeeney; E. J. Nodurft, Wichita; W. L. Pratt, Leavenworth; R. W. Urie, Parsons; H. H. Woods, Topeka.

To the House of Delegates:

During the year the Auxiliary has enjoyed a membership of four hundred and they have added to their ranks at large. This will be a fine nucleus for new Auxiliaries in the near future. At the present time there are fifteen counties organized and I am sure that this number will be greatly augmented in the very near post-war days.

Many chapters of the Auxiliary, during the year, have been fortunate to have Auxiliary members from other states at their meetings. They have enjoyed and honored their members during their stay in Kansas. This has extended the fellowship and the acquaintance of the Kansas Auxiliary membership nationally.

There has been a greater interest in the textbook of the Auxiliary which is the Bulletin published by the national organization. It would be well if we as doctors would see that our Auxiliary members subscribe to the Bulletin. It will increase their interest and be a most helpful guide.

The Hygeia chairman has doubled subscriptions in the state, and this has been one of the finest pieces of work in the Auxiliary. The magazine has been placed in many public schools where it is widely read. It should be among the periodicals and magazines of every physician's reception room.

The program as outlined by the National Chairman of Programs has been followed closely. It has been very broad and has included such things as medical legislation, juvenile delinquency, Red Cross nursing and many phases of the war programs to the organized chapters of the Auxiliary.

The Auxiliary has been fortunate in having, during these trying times, Mrs. Leo Schaefer as president. Her splendid leadership and hard work will long be remembered in the Kansas Auxiliary. The Advisory Board wishes for her many more successful and helpful years in the Auxiliary.

Respectfully submitted,

C. Omer West, M.D., Chairman

## ALLIED GROUPS TO MEDICAL PRACTICE

George Milbank, Chr., Wichita; L. L. Bresette, Kansas City; O. R. Brittain, Salina; B. L. Greever, Hutchinson; C. A. Hellwig, Wichita; W. E. Janes, Eureka; R. R. Melton, Marion.

To the House of Delegates:

Many of the subjects coming before the committee on Allied Groups to Medical Practice are of a rather controversial nature, and need to be considered in advance. Some of them must be presented to the legislature for legislative action. With the present emphasis being placed on a solution of the osteopathic problem, the committee has not deemed it wise to push some of these other matters. Among these pressing questions might be mentioned the need of a medical examiner law in Kansas, a change in the cosmetology law limiting some of the powers given to cosmetologists, a change in the Kansas Crippled Children's law correcting inequities and faulty interpretation thereof.

We have made some contacts with insurance groups with the hope that there might be some mutual benefit gained in connection with anti-insurance legislation on the one hand and socialized medicine on the other. It would seem that contacts could be made with other groups, as has been done to a certain extent in the past, with the aim of benefitting by mutual cooperation.

The question of lay psychologists, which has arisen in the past and has been studied by the committee in previous years, is being given a new impetus by the possibility of work with returning veterans, and this subject should probably be reconsidered.

Needless to say, this committee is dealing with problems which have numerous ramifications, and with almost unlimited possibilities for study and improvement of situations which are detrimental to the public and in many cases, to the medical profession. There is still a need for much work in the future.

Respectfully submitted,

George E. Milbank, M. D., *Chairman*

## CHILD WELFARE

Paul E. Belknap, Chr., Topeka; C. T. Hinshaw, Wichita; O. C. McCandless, Marion; D. N. Medearis, Kansas City; E. G. Padfield, Salina; G. A. Westfall, Halstead; Dir. of Child Welfare, State Board of Health, Topeka.

To the House of Delegates:

There has been no meeting of the Child Welfare Committee during the past year as the main function of the committee has been administration of the E. M. I. C. program. In this connection it should be noted that Federal funds have been allocated for immunizations for smallpox, diphtheria and whooping cough.

Under the E. M. I. C. program it has been proposed that a certain amount be allowed for care

during the first year. Since this matter will come up for discussion, the committee wishes to call it to your attention so that you can familiarize yourself with the terms of the proposal.

Respectfully submitted,

Paul E. Belknap, M.D., *Chairman*

## CONSERVATION OF EYESIGHT

W. G. Gillett, Chr., Wichita; J. A. Billingsley, Kansas City; L. R. Haas, Pittsburg; J. G. Janney, Dodge City; L. A. Latimer, Alexander; W. W. Reed, Topeka; E. N. Robertson, Concordia; E. E. Tippin, Wichita; D. D. Vermillion, Goodland.

To the House of Delegates:

Because of the very excellent manner in which the Social Agencies of the State of Kansas have handled the Blind Program, this Committee has not been called into very active duty. With the exception of a few minor details, only two important questions have been acted upon by the committee.

(1) Copies of an amendment to the Kansas plan for vocational rehabilitation, which pertains to the physical restoration aspect of the program involving medical care, including eye care, were forwarded to the committee by Mr. Harry E. Hayes, Director of Services for the Blind. A request was made that the committee, after going over the subject matter, make suggestions, approval or recommendations. In order to secure federal funds the Department had to have an approved plan of operation relative to medical examination and treatment, and the funds were only available when the treatment could be construed as being related to the patient's employment. The plan does not materially change the present set-up but does make Federal funds available under the above circumstances. The committee approved the plan.

(2) The kernel to the second question which the Division of Service for the Blind sought our opinion is: What types of medical eye surgery and treatment should properly be taken care of under the program of the Division of Services for the Blind, in light of the fact that legal authority for such program is based on the law which authorizes "Restoration of Eyesight and Prevention of Blindness" activities. To the above question the committee made the following recommendations. We recommend that the Division of Services for the Blind expand or liberalize its program to include all types of medical eye surgery and treatment necessary for the comfort as well as the restoration of eyesight and prevention of blindness for the indigent blind.

Respectfully submitted,

W. G. Gillett, M.D., *Chairman*

## CONSERVATION OF HEARING

J. H. Enns, Chr., Newton; W. K. Hobart, Topeka; A. M. Lohrentz, McPherson; Perry A. Loyd, Salina; H. E. Marshall, Wichita; P. A. Pettit, Paola; C. T. Ralls, Winfield; Clemens Rucker, Sabetha; W. A. Smiley, Junction City.

To the House of Delegates:

The Committee on the Conservation of Hearing has been inactive during the past year. At the beginning of the year some plans were formed, but because the chairman and members of the committee have been burdened with extra work during the war emergency, no action has been taken.

Respectfully submitted,

J. H. Enns, M.D., *Chairman*

## CONSTITUTION AND RULES

A. W. Fegtly, Chr., Wichita; J. A. Dillon, Larned; H. E. Haskins, Kingman; J. E. Henshall, Osborne; George I. Thacher, Waterville.

To the House of Delegates:

Owing to the uncertainty of regular session and the probability of not having full representation of the society when and if a meeting were scheduled, this committee had thought it best not to present any amendment or changes in Constitution or by-laws. However, at a very late date we were presented with a request from the Council to prepare amendments including in the list of Standing Committees the new EXPERT TESTIMONY Committee appointed this year and whose work was deemed important enough to become a constant factor in state society work. It being too late to call a meeting and even too late to attempt correspondence with the various members, the chairman has endeavored to draw up such an amendment to present to the meeting of the House of Delegates called to consider business which would normally have come before the regular session. Should there be imperfections or omissions this amendment should be voted down and the new committee for the coming year be advised that the same should be perfected and presented again next year. The proposed amendments are:

1. By-Laws, Chapter XI, Section 1 shall be amended by the addition of "Committee on Expert Testimony" to the existing Standing Committees.

2. Chapter XI shall be amended by the addition of a new section, Section 30, as follows:

"The Committee on Expert Testimony shall be composed of at least five members one of whom shall be a member of the State Board of Examination and Registration, at least three of the committee shall have served on the retiring committee, and all members shall be chosen from various sections of the state, and by virtue of appointment on this committee should avoid serving as expert witnesses in medical matters.

"It shall be the duty of this committee to investigate, analyze and review medical testimony given in any civil, criminal, or personal injury case brought before any of the courts of this state, the industrial commission or Federal Courts when such testimony appears to the court, any of the attorneys, some physicians or any of the principals of the case at issue to have been contradictory, not justified by the physical findings, or one or more of the medical witnesses have consciously deviated from the truth.

"In general their procedure shall be as follows: Upon receipt of a signed written statement from judge, attorney, accusing physician or individual giving names of principals appearing in the trial court or commission in which held and some detail of the alleged improper testimony together with the name of the physician whose testimony is to be investigated, they shall be empowered to secure a transcript of the entire case in question for examination and review. Bill for necessary costs of securing the transcript shall be certified to the Council for payment from Society funds.

"When examination of the transcript by the committee shows merit in the accusation, the committee shall refer the matter to three physicians admittedly expert in the particular type of testimony under consideration for their review with recommendations to the committee. The name of the individual signing the complaint shall not be attached to the papers for review but shall be confidential to the members of the committee only. When review of the case finds the complaint justified one or more of the members of this committee shall discuss its findings with the accused physician, pointing out delinquencies, errors, overenthusiasm, or infractions from proper medical testimony in order to avoid or prevent continuance of such practices. In cases of flagrant character or of belligerency on the part of the offending physician this committee shall be empowered to submit a complete report with transcript to the State Board of Medical Examination and Registration for proper disciplinary action.

"When evidence points to the possibility of an attorney acting in collusion with an offending physician the committee shall be privileged to present its review of the case to a committee of the Bar Association which may be delegated to consider the ethics of the offending attorney."

This proposed amendment to be printed in the Journal, presented at the first meeting of the House of Delegates and voted upon at the subsequent meeting as outlined in Chapter XV—Amendments.

Respectfully submitted,

A. W. Fegtly, M.D., *Chairman*

## CONTROL OF CANCER

C. C. Nesselrode, Chr., Kansas City; Lewis G. Allen, Kansas City; J. P. Berger, Wichita; C. D. Blake, Hays; J. D. Clark, Wichita; C. A. Hellwig, Wichita; N. E. Melencamp, Dodge City; J. B. Nanninga, Newton; H. S. O'Donnell, Ellsworth; M. Trueheart, Sterling.

To the House of Delegates:

This committee has had several meetings during the past year and has inaugurated a program that should ultimately reduce the deaths resulting from cancer in Kansas. The meetings have been well attended and several projects have been started which will carry into next year.

For instance, the committee has contracted with the Editorial Board of the Journal to submit an article on cancer for each issue during 1945 with the exception of the present number. These will be written by specialists in the field on various aspects of the subject. We hope thereby to increase the physicians' knowledge of the disease and to create renewed attention in its early diagnosis.

This committee has supported the Field Army of the American Cancer Society in all its activities. It has offered speakers both for lay and scientific meetings. It has supported district and county organization. It has supported appeal made by the Field Army to set up a division of cancer control in the State Board of Health. This, incidentally, has carried in the legislature and will shortly be a new service to physicians and the public in this state.

The committee is assisting in the organization of a men's division of the Field Army. Although the time is limited, we hope that this organization will succeed in accomplishing considerably more than has been done in the past. Larger cities, for the first time, will be organized for male solicitation which we expect should double and probably triple the collections of the last year.

Through cooperation with the Medical Economics Committee, this committee has arranged to further publicize to the people of Kansas that cancer is a preventable disease. In the contract to be sold in the soon-to-be-formed corporation known as the Kansas Physicians' Service, will be the provision that every adult buying this insurance will be entitled to one examination for cancer each two years. This examination will be without cost to the policy holder. The committee recognizes that this is not frequent enough for practical purposes, but welcomes the arrangement as a beginning in making progress along lines of public instruction.

The Cancer Committee sincerely hopes that its efforts may ultimately prove to be beneficial and wishes for the committee that takes over this work next year success and a more effective program than we have been able to construct.

Respectfully submitted,

C. C. Nesselrode, M.D., *Chairman*

## CONTROL OF TUBERCULOSIS

F. A. Trump, Chr., Ottawa A. L. Ashmore, Wichita; James A. Butin Chanute; C. E. Coburn, Kansas City; W. Y. Herrick, Wakeney; H. L. Hiebert, Topeka; C. H. Lerrigo, Topeka; C. F. Taylor, Norton; Galen M. Tice, Kansas City; J. B. Ungles, Satanta.

To the House of Delegates:

A meeting of the Committee on Control of Tuberculosis was held at the Jayhawk Hotel, Topeka, on January 7, 1945. Evidence of the unusual interest in the work was demonstrated by the presence of practically the entire membership of the committee and the addition of six visiting physicians.

Dr. C. F. Taylor outlined the work to be done at Hillcrest Sanatorium, stating that the institution was to be used in the diagnosis of difficult and obscure cases and other much needed research work. Also that it was to be operated exactly the same as the sanatorium at Norton with the exception of the outpatient clinic, the procedure for which was to be worked out at a later date. The hospital began operation January 2, 1945.

A vote of confidence was given Dr. Taylor for his work at Norton and on the plans for Hillcrest.

Dr. H. L. Hiebert reported the work being done by the Division of Tuberculosis of the State Board of Health in case finding by the photofluoroscopic method. Using this method mostly in centers of large population and industries, 102,000 pictures have now been made.

Dr. Hiebert also stated that the State Board of Health is encouraging routine chest x-raying of all patients in hospitals of the state. It is understood that the University of Kansas Hospital will try this for a period of one year on all ambulatory charity cases.

The facilities for teaching diagnosis and treatment of tuberculosis at the University of Kansas Medical School were discussed. It was brought out that the amount and variety of teaching material at Eleanor Taylor Bell was entirely inadequate and therefore students were being graduated without proper training for doing tuberculosis work. This may account for the apparent lack of interest shown by many doctors in the state fight upon this disease.

A motion was passed that the committee suggest to the dean of the School of Medicine and to the Board of Regents of Kansas University that improvements are needed in study material and plant facilities for diagnosis and treatment of chest cases, especially tuberculosis. It was further recommended that the existing facilities be improved and expanded until an adequate hospital of 100 beds be provided, thereby offering more opportunities for teaching the clinical aspects of tuberculosis to medical students and to doctors returning from service.

The committee recommended that whenever pos-

sible articles from the State Tuberculosis Association should be published in the Journal.

Respectfully submitted,

Frank A. Trump, M.D., *Chairman*

### DEFENSE BOARD

To the House of Delegates:

We are pleased to report this year that we equalled the best record ever made in Kansas in that the Defense Board was asked to defend but one case during the past year. There were other cases in the state but the members involved were so well insured in companies selling liability insurance that our active participation was not necessary.

Other factors which we believe helped establish this record are:

I. Caution on the part of our members in making statements admitting faults.

II. The avoidance of all derogatory remarks about the work of colleagues.

III. Improvement of records of cases. This has been helped by standardization of hospitals.

IV. Improved care of the sick and injured and apparently more willingness to call counsel when such is even remotely indicated. This is very important.

V. Better understanding of physicians of their legal responsibility to their patients.

We hope that the above will serve as admonition to our members and that vigilance in these matters will not only continue but be increased. We would like to suggest a few other points which should be kept in mind. Certainly we are all far too busy now to have to waste time defending ourselves or in dissipating our nervous energy in such a barren pursuit when, "An ounce of prevention is worth a pound of cure."

I. Give every patient careful attention and insist upon efficiency on the part of assistant nurses and technicians.

II. Check frequently equipment and appliances attached to patients. Remove and replace if there is any evidence of trouble.

III. Never admit to a patient that liability insurance will cover mismanagement. This weakens our own character of responsibility and is certainly unfair to the insurance carrier as well as to our Society.

IV. Careful evaluation to the patient or his family or both concerning the prognosis, particularly where there may be any permanent deformity or limitation of function or anything more serious than these two factors. Take time to explain frankly what is to be expected.

These are only some of the factors which we believe will help to further improve our record. The

better our experience in this regard over a period of years the lower the rate we may expect from our carriers.

Thanking you all for your help in improving our record and in the hope of future betterment of this situation this report is respectfully submitted.

L. S. Nelson, M.D., *Chairman*

### ENDOWMENT

H. L. Chambers, Chr., Lawrence; J. D. Colt, Sr., Manhattan; Tracy Conklin, Sr., Abilene; J. K. Harvey, Salina; H. G. Hurtig, Hanover; K. M. Rottluff, Bonner Springs; C. W. Walker, Eskridge.

To the House of Delegates:

Our committee is large and well distributed over the state. Under present circumstances a full meeting did not seem warranted. There was no important prospect immediately in sight, so we had no meeting.

A general letter to all the members is in contemplation. It would get out some of the possibilities and suggest means of attaining them. This would include offer of attorney's assistance in putting business in proper legal form, etc.

Respectfully submitted,

H. L. Chambers, M.D., *Chairman*

### HOSPITAL SURVEY COMMITTEE

Thomas Dechairo, Chr., Westmoreland; F. C. Beelman, Topeka; L. C. Edmonds, Horton; L. W. Reynolds, Hays; R. R. Sheldon, Salina; M. G. Sloo, Topeka; J. B. Stoll, Clay Center; G. A. Westfall, Halstead.

To the House of Delegates:

Your Hospital Survey Committee, although not particularly active during the past year, did hold one meeting. At that time the over-all hospital picture was discussed and a motion was made that portends to give the Hospital Survey Committee of next year a great amount of work. The committee voted to study the over-all problem concerning the distribution of hospitals in the state and to include with this an examination of all hospital problems such as standardization, etc.

The Kansas legislature, during this session, passed seven different bills pertaining to hospital construction. Pending favorable vote by the community, the legislature has authorized cities of the first and second class and counties with less than 40,000 population to build hospitals.

In the Congress of the United States there is now a bill asking that \$100,000,000 be appropriated to be used to assist cities and counties in hospital construction. When this bill passes and when material and labor are again available, there will be great activity in Kansas in hospital construction. Unless sober reflection and technical knowledge guide this work, it could well be that after the general confusion the distribution of hospitals in Kansas might be almost as unsatisfactory as it is today.

Your Hospital Survey Committee, believing that the medical profession has an interest in the distribution of hospitals, and believing that the knowledge of the medical profession would be helpful to communities that wish to build hospitals, is willing to undertake the thorough study of this problem and to cooperate with other agencies such as the Kansas Hospital Association, the Board of Health and others in an effort to find an adequate and a satisfactory solution to the problem.

The Board of Health has furnished statistical information that offers a foundation for this study. At present there are 156 hospitals in Kansas with a total of 6,459 beds. However, only 90 hospitals with 5,566 beds are approved by the American Medical Association, and of the total only 33 hospitals with 3,386 beds are approved by the American College of Surgeons. This emphasizes the need for the standardization of hospitals in Kansas, which is entirely apart from the problem of distribution. A measure introduced in this session of the legislature was designed to establish standardization procedures. Since it failed to carry, your committee will cooperate with other interested groups in an attempt to prepare legislation on this subject that can be introduced during the next session.

Respectfully submitted,  
Thomas Dechairo, *Chairman*

### INDUSTRIAL MEDICINE

Charles Rombold, Chr., Wichita; C. H. Benage, Pittsburg; W. A. Carr, Junction City; F. L. Loveland, Topeka; M. B. Miller, Topeka; C. C. Nesselrode, Kansas City; J. W. Spearing, Columbus; W. J. Walker, Topeka; Dir. of Industrial Medicine, Board of Health, Topeka.

To the House of Delegates:

The Committee on Industrial Medicine has held no meetings and has taken no action, although several matters were discussed by correspondence.

Respectfully submitted,  
Charles Rombold, M. D., *Chairman*

### LEGAL MEDICINE

C. C. Hawke, Chr., Winfield; George Brethour, Dwight; L. S. Nelson, Salina; Earl L. Vermillion, Salina.

To the House of Delegates:

Your committee has been actively interested in the consideration of a change in the coroner laws in the State of Kansas. Due to the present emergency no meeting of the committee has been held, but there has been correspondence between the various members.

This committee has been working together with the committee on Statute Research, the chairman of which is Dr. L. S. Nelson. The committee has also been in consultation with Dr. John Lattimore in regard to the presentation of the proposed changes

in the coroner set-up to the legislature, and it has been decided that our material should be worked out between this and the next session of the legislature. The American Medical Association has printed a report of the Committee of the American Medical Association to Study the Relationship of Medicine and Law, which gives a valuable summary of coroner legislation in the United States. It is suggested that anyone interested in this subject write the legal department of the A. M. A. at their Chicago headquarters for a copy of this publication.

The chairman of your committee consulted with Dr. J. S. Hibben of Pasadena, California, who is on the committee on Medical Defense for the Los Angeles Medical Association, and copies of the material presented to several medico-legal symposiums under the title "The Doctor Speaks to the Attorney" have been reviewed and passed on to the committee on Statute Research.

Your committee proposed to the Program Committee of the State Medical meeting this year that Dr. L. J. Regan of Los Angeles, author of the book "Medical Malpractice" be invited to speak, and probably such an invitation would have been extended had the meeting been held. It is suggested that Dr. Regan be secured for some future meeting as he is one of the best authorities in the United States on the whole subject of medico-legal relations.

Respectfully submitted,  
C. C. Hawke, M.D., *Chairman*

### LOCATIONS AND MEDICAL DISTRIBUTION

R. R. Cave, Chr., Manhattan; Benjamin Brunner, Wamego; A. W. Butcher, Wakefield; W. L. Butler, Stafford; J. N. Carter, Garnett; Chas. Fleckenstein, Onaga; W. D. Pitman, Pratt; Fred G. Schenck, Burlingame; F. E. Wrightman, Sabetha.

To the House of Delegates:

It is indeed a very simple matter to give this annual report of the Locations and Medical Distribution Committee since there has been no activity of your committee.

We have had no meetings, and we have had but little correspondence. In June 1944 a request was made to supply a physician to fill a vacancy caused by the death of Dr. Kroesch of Enterprise, but to date we do not know whether or not it has been filled. We have had only one inquiry for a physician desiring a location. Therefore, I feel that our usefulness is very insignificant indeed.

The information I have from the central office at Topeka is to the effect that there have been practically no recent inquiries concerning needs for physicians or needs for location by physicians.

Respectfully submitted,  
R. R. Cave, M.D., *Chairman*

## MATERNAL WELFARE

Ray A. West, Chr., Wichita; Porter Brown, Salina; L. A. Calkins, Kansas City; E. J. McCreight, Liberal; C. O. Merideth, Jr., Emporia; W. L. Pratt, Leavenworth; T. J. Sims, Jr., Kansas City; E. O. Squire, Coffeyville; Dir. of Maternal Welfare, State Board of Health, Topeka.

To the House of Delegates:

The following is a report of the Maternal Welfare Committee for the year ending May, 1945.

The work of this committee was greatly curtailed on account of the increased pressure on men in the obstetrical field. One meeting was held on February 18, 1945, the attendance of which was 100 per cent. At this time the problem of emergency medical and infant care was discussed rather freely. The program was discussed by Dr. Clara Johns who is the State Director. She stated that since its inception more than 19,000 applications have been received in Kansas, placing Kansas twelfth among all states in number of E. M. I. C. applications. She explained some of the difficulties that have arisen under this program and stated that the majority of them have been solved. After a rather free discussion by each committee member the consensus of opinion was that the program was being managed and conducted as well as possible and that this program should be continued for the duration of the emergency.

The committee also expressed the opinion that more publicity should be given to the post graduate program of education for Kansas physicians and that the institution for mothers' training classes should be continued in as many localities throughout the state as possible.

The problem of the Kansas Obstetrical and Gynecological Society was discussed, it being the opinion of this committee that for the duration of the emergency little could be done in the way of meetings except in the matter of furnishing obstetrical and gynecological speakers for county societies when requested. It was also agreed that upon resumption of the regular routine of state society meetings, that the Kansas Obstetrical and Gynecological Society should take an active part in both lay and scientific educational matters and that for the present this society could be of service to the profession by the publication of desk cards on obstetrical and gynecological subjects to be made available to Kansas physicians.

Respectfully submitted,  
Ray A. West, M.D., *Chairman*

## MEDICAL ASSISTANTS

C. O. Merideth, Jr., Chr., Emporia; C. D. Blake, Hays; H. J. Davis, Topeka; F. L. Menchan, Wichita; L. B. Spake, Kansas City.

To the House of Delegates:

Two members of this committee met one day with the council of the Medical Assistants' Society.

In the course of discussion it was decided that the

Medical Assistants should apply to the Office of Defence Transportation for permission to hold a convention this year. Forms were completed and the application mailed to Washington, but permission was not granted. It was, therefore, advised by your committee that the Medical Assistants conduct whatever business was necessary by calling together the council, but that an annual meeting should be abandoned for this year.

We have also attempted to assist these girls in enrolling a large proportion of the medical assistants into the membership. It has long been known that where the doctor is interested in this organization, the girl in his office takes an active part. We therefore once more want to call your attention to the value that your own office girl can receive from membership in the Medical Assistants and wish to recommend to you that you encourage your assistant to belong.

Respectfully submitted,  
C. O. Merideth, Jr., M.D. *Chairman*

## MEDICAL ECONOMICS

B. A. Nelson, Chr., Manhattan; E. D. Ebricht, Wichita; E. R. Furgason, Independence; Harry P. Gray, Seneca; W. R. Jones, Canton; G. E. Kassebaum, El Dorado; Walter Stephenson, Norton; F. N. White, Russell.

To the House of Delegates:

The Committee on Medical Economics has devoted its activities chiefly to development of the prepayment plan which was taken under study during the administration of Dr. Lattimore.

Plans now operating in other states were studied and analyzed with the purpose of ascertaining the success, practicality, and desirability of such a plan for Kansas. The committee was pleasantly surprised to learn how successfully such plans are operating elsewhere, and interested to learn what variety of plans are being carried on experimentally. It was found, however, that many mistakes had been encountered and that the more successful plans had evolved in a more or less standardized pattern, with some variations to meet local needs.

A general outline for a Kansas plan was prepared and the fundamental features determined. This was then presented before various individual county societies and before sectional and councilor district meetings. As it was impossible to meet with every county society, mimeographed outlines were submitted to county secretaries setting forth the background for the subject and the tentative outline.

Enthusiastic and gratifying favorable response was met with; and the committee was encouraged to carry on its work. Finally, the matter was brought before the House of Delegates for discussion and consideration. After deliberation for two days of the session, the House voted unanimously to endorse

the principle of a permanent plan and instructed the committee to proceed with the work of organization, its actions to be with the advice and approval of the Board of Councilors.

The original thought had been organization of a non-profit mutual insurance company under existing Kansas law. Consultation with the attorney-general and the insurance commissioner, however, revealed that such a procedure was not feasible.

An enabling act authorizing the organization of a suitable corporation was then drawn up and presented to the legislature. The act was passed by both houses and signed by the governor at the legislative session just ended. Minor changes and additions were suggested and made by the legislature, changes which were entirely satisfactory to our committee and which in no way impair our procedure.

The general outline of our plan is now complete, except for minor details still under consideration. Steps are being taken for organization of the corporation, selection of an original board of directors and appointment of temporary officers by President Trueheart. Final action will be taken by the tentative board at a meeting in conjunction with the annual meeting in May. Papers will be ready for filing with the State Insurance Commissioner as soon as the enabling act becomes law in July; and we expect to be in operation by late summer or early fall.

In addition to meetings of the committee as a whole, there have been repeated consultations with individual committee members, with the state office of the society, with the Blue Cross, the Kansas state officials, and individual members of the society for advice and suggestions. Meetings of the Council of Medical Service Plans were attended in Chicago and much aid has been received from directors of plans now operating, notably the Michigan Medical Service, Surgical Care, Inc. of Kansas City, and the United Medical Service of New York.

Meetings have also been held before numerous lay organizations such as farm groups, women's clubs, and such service clubs as Rotary. All have been deeply interested, and apparently desirous of having the plan started.

The Committee feels that the response of the society has been extremely gratifying and encouraging. We are most hopeful for a successful inauguration of Kansas Physicians' Service which we are convinced is much needed, will serve a splendid purpose, and, we are confident, will meet with a fine response from the people of Kansas.

Respectfully submitted,  
Barrett A. Nelson, M.D., *Chairman*

## MEDICAL HISTORY

Karl A. Menninger, Chr., Topeka; C. H. Benage, Pittsburg; H. L. Chambers, Lawrence; M. J. Dunbar, Winfield; Frank Foncannon, Emporia; G. F. Gsell, Wichita; J. F. Hassig, Kansas City; C. F. Menninger, Topeka; L. S. Nelson, Salina; R. T. Nichols, Hiawatha; L. P. Ravenscroft, Winfield; O. D. Walker, Salina; W. L. Warriner, Topeka; O. B. Wyant, Winfield; Louis Zimmer, Lawrence.

To the House of Delegates:

The Medical History Committee did not meet this year for several reasons. If you recall the report submitted a year ago, you will note that a constructive program was outlined at that time. We attempted to survey the situation applying to the history of Kansas medicine and recommended ways in which that history could be studied and preserved.

Projects of this nature require time which the members of the committee could not give. We recommended a year ago that the Kansas Medical Society employ a secretary for this purpose but this has not been done.

Shortly after the present executive secretary took over his duties a conference was held with him. He felt that the executive office might assist in this project by way of contacting various doctors for reports on specific topics. Events intervened to postpone also this part of the project.

We have found a book containing the pictures and a short biography of each past president up to 15 years ago. An attempt and a little progress has been made to complete this information.

A beginning has been made in the effort to catalogue material available through the Stormont Library and the State Historical Society. This work should progress and begin to show results during the coming year.

Your committee has recommended that all copies of the Journal be bound and kept at the executive office as a permanent record. We understand that this is now being done by the editorial board of the Journal.

Believing that the history of medicine in Kansas is rich in interest and that a record of the achievements of the early doctors in this state would be of permanent value to the Society, we again want to recommend your consideration of our previous suggestions. History has a way of disappearing when the participants of an era die. Unless recording is accurate, complete, and accomplished while material is available, the project can easily become hopeless. We would like to have a part in preparing this story but unfortunately cannot do more without the assistance of personnel who are employed just for that purpose.

Respectfully submitted,  
Karl A. Menninger, M.D., *Chairman*

## MEDICAL SCHOOLS

Fred J. McEwen, Chr., Wichita; Lewis G. Allen, Kansas City; L. J. Beyer, Lyons; John R. Campbell, Pratt; J. D. Colt, Jr., Manhattan; R. W. Diver, Coffeyville; G. R. Hastings, Garden City; Ralph Major, Kansas City; T. G. Orr, Kansas City; H. P. Palmer, Scott City; C. K. Schaffer, Topeka; N. P. Sherwood, Lawrence; E. M. Sutton, Salina; H. R. Wahl, Kansas City.

To the House of Delegates:

The Committee for the Medical School has not had a meeting during the past year largely due to present war-time conditions and difficulties in getting the committee together.

Dr. H. R. Wahl, dean of the Medical School, will present a summary of the activities and problems of the Medical School to be published with this report for the Society.

Respectfully submitted,

Fred J. McEwen, M.D., *Chairman*

At the time of the last report we indicated that the Medical School was raising a memorial fund to Dr. C. B. Francisco who passed away early in the winter of 1944. This program has considerably enlarged into a campaign for a Student Union Building including a dormitory, gymnasium, cafeteria, etc. A special lounging room in this building and library will be set aside as a memorial to Dr. Francisco. The total cost for this building will be close to \$300,000 when completed. So far, approximately \$43,000 has been subscribed and an active campaign is being carried out among all alumni and friends of the school. An endeavor to raise \$100,000 will be made before construction on the unit is begun. We are hoping to begin the construction not later than January, 1946.

The school and hospital were shocked by the recent death of Dr. Logan Clendening, one of the most colorful and best beloved instructors and graduates of the school. Dr. Clendening's death leaves a gap that is very difficult to fill. Dr. Clendening left his entire library of medical books on medical history to the Medical School. He also left approximately \$50,000 towards the maintenance and housing of this library on medical history. Dr. Clendening had been one of the prime movers in the effort to secure a Student Union Building, in fact, was chairman of the committee for the erection of this unit at the time of his death. A special fund for the continuance of the library in which Dr. Clendening has been interested for so many years has been created as a memorial to him. Mrs. Logan Clendening requested that instead of giving flowers that money be sent to this library fund in memory of Dr. Clendening. Mrs. Clendening has been appointed by the Chancellor to be the curator of the Library of Medical History and is actively engaged in this capacity in carrying out Dr. Clendening's wishes.

The Medical School is carrying on its activities with considerable difficulty owing to the shortage

of available teachers and other manpower difficulties.

A program of post graduate instruction is in prospect with the special emphasis given on the work that is needed to the returning practicing physician. Refresher courses, special training programs and more formal resident training in the various specialties are in the offing. Much of this will be carried out in conjunction with the similar program of the State Medical Society and every effort is being made to cooperate with the State Society. This program is somewhat hampered owing to the lack of available and suitable instructors but it is hoped that with the return of many of the faculty members now on military duty that this program can go on as planned. It is interesting to note that in aiding this program the Legislature has recently appropriated money (\$17,000 for 1945-1946) to provide instructors and specialists to supplement the present hard-pressed faculty. This should be operating to the full extent by next fall.

The 77th Evacuation Hospital Unit, composed mostly of members of the Medical School Faculty, is located in Eastern France. This unit has been quite active in the invasion of France and in the campaign in Belgium and has, up until a few weeks ago, been connected with the First Army.

The past academic year, July 1, 1944 to July 1, 1945, is a very unusual one in the history of the Medical School inasmuch as two classes will have graduated within this period. On October 30, 1944 eighty-four students received the degree Doctor of Medicine, eight civilians, eight girls, twenty-five men in the Navy and forty-five men attached to the Army training program. This is the largest class in the history of the school. On July 22, 1944 another class of eighty will graduate—eleven civilians, six girls, twenty-three Navy trainees and forty Army men. These men will all serve a nine months' internship after which most of them will be assigned to some military duty by either the Army or Navy.

There were twenty-four nurses who graduated from the Medical School during this time. A considerable number of them belonged to the Cadet Nursing program. At the present time there are one hundred and fifty nurses in training, most of whom are in the Cadet training program.

Last October the Medical School developed a new department of Physical Medicine bringing in Dr. Gordon Martin, a young man who received his training in Physical Therapy at the Mayo Clinic, to act as director of this course. He not only is providing courses in physical therapy to our medical students, but also is providing this service to our patients in the hospital in addition to supervising a course in Occupational Therapy, five girls hav-

ing graduated from this course in the last month. He is also giving the course in Physical Therapy in which five girls have completed the work. There is also a special course in Hospital Dietetics being offered by the Dietary Department of the school and several girls are now enrolled in this advanced training program. In addition, there are three girls taking training in the X-Ray Department and fifteen girls enrolled in the special training program for laboratory work (medical technology).

Miss Avis Van Lew was recently appointed Director of the Department of Nursing Education. Miss Van Lew is a Kansas girl having been born in Axtell, Kansas and is a graduate of St. Luke's Nurses Training School in Chicago.

The program for the deceleration of medical students will begin this fall. Up until this time our medical school, along with most medical schools, has been taking a new class of students every nine months. However, the next class will be admitted Sept. 17 instead of next July and a new class will be admitted every twelve months but at the present time each student will complete the regular four year training program in three years.

Dr. Paul Roofe has recently been appointed Professor of Anatomy and Chairman of the Department effective the first of September. Dr. Asling is still away on sick leave and is spending part of his time in research. Dr. Lohranz has temporarily filled Dr. Asling's place.

The Legislature recently adjourned and provided for some expansion of the Medical School, giving \$350,000 for a new Surgical Building, referred to as a Connecting Corridor which will add seventy to ninety more beds to the hospital. The Legislature also provided for additions to a Convalescent Ward which is to be changed to a Psychiatric ward. We were given \$10,000 to remodel and re-equip the Convalescent ward for this purpose and also \$15,000 per year for the maintenance of the ward. At the same time the Legislature provided for the transportation of various diagnostic problem cases to this unit. Funds were also provided for a more elaborate and complete post-graduate medical training program.

Respectfully submitted,  
H. R. Wahl, M.D., *Dean*

### NECROLOGY

W. L. Warriner, Chr., Topeka; C. C. Fuller, Columbus; F. W. Huston, Winchester.

To the House of Delegates:

We, your committee, submit the following list of members of the Kansas Medical Society who have died during the past year:

Name	Age	Date	Place
Dr. Theodore Kroesch	54	April 5	Enterprise
Dr. Harry R. Ross	75	April 10	Topeka
Dr. W. J. Scott	67	March 15	Baxter Springs
Dr. H. G. Welsh	88	March 9	Hutchinson
Dr. John H. O'Connell	59	May 23	Topeka
Dr. Arthur Seiple	74	May 10	Larned
Dr. Frank Shelton	68	May 15	Independence
Dr. Herman Pearce	85	June 10	Bonner Springs
Dr. Fred H. Rhoades	61	June 20	Hanover
Dr. Foster L. Dennis	49	June 26	Dodge City
Dr. Myron L. White	72	June 4	Coffeyville
Capt. Ralph Wyatt, MC	39	June 8	Hiawatha Killed in England
Dr. Thomas Hollingsworth	89	July 10	South Haven
Dr. Thomas F. Brennan	39	Aug. 26	Ness City
Dr. Robert Edwards	78	Sept. 5	Cedar Vale
Dr. Albert Smith	84	Sept. 25	Oskaloosa
Dr. D. H. Davis	60	Sept. 28	Independence
Dr. Otto Kiene	65	Nov. 6	Concordia
Dr. Ivan B. Parker	73	Oct. 6	Hill City
Dr. Nathan G. Bennett	71	Oct. 8	Haviland
Dr. James Butler	72	Nov. 14	Hutchinson
Dr. John M. Sutton	70	Nov. 22	Lincoln
Dr. Albert Huber	64	Dec. 4	Kansas City
Dr. John A. Bundy	66	Nov. 26	Hill City
Dr. James W. Janes	100	Jan. 18	Columbus
Dr. J. H. Rabin	53	Jan. 17	Kansas City
Dr. W. A. Carr	57	Jan. 11	Merriam
Dr. Albertus Jeffers	62	Dec. 3	Smith Center
Dr. Ransley J. Miller	55	Dec. 16	Topeka
Dr. H. A. Alexander	64	Dec. 24	Topeka
Dr. J. A. Jones	65	Dec. 26	Kansas City
Dr. Ralph W. James	64	Feb. 2	Winfield
Dr. John J. Cavanaugh	76	Jan. 28	Lindsborg
Dr. Clare F. Hoover	70	Feb. 9	Topeka
Dr. George H. Grimmell	89	Jan. 30	Howard
Dr. Charles W. Reynolds	75	Jan. 31	Holton
Dr. Earl D. Tanquary	72	Jan. 31	Fort Scott
Dr. Franklin R. Blake	68	Jan. 30	Marquette
Dr. Samuel J. Schwaup	67	Feb. 4	Osborne

Respectfully submitted,  
W. L. Warriner, *Chairman*

### PHARMACY

R. T. Nichols, Chr., Hiawatha; G. E. Finkle, McPherson; L. E. Ketter, Fort Scott; L. J. L'Ecuyer, Greenleaf; Carl E. Long, Norton; E. M. Sutton, Salina; M. W. Wells, LeRoy; H. J. Williams, Osage City.

To the House of Delegates:

No report. The secretary of the Kansas Pharmaceutical Association was contacted.

Respectfully submitted,  
R. T. Nichols, M.D., *Chairman*

### PLASMA

Warren F. Bernstorf, Chr., Winfield; R. W. Emerson, Topeka; Wm. Holwerda, Lindsborg; G. E. Kassebaum, El Dorado.

To the House of Delegates:

The Plasma Committee has been working under several handicaps the past year in an endeavor to set up some plan to more reasonably and efficiently supply adequate quantities of plasma over the state at a price which would make its general use less prohibitive.

The plans of several other states were studied, notably North Dakota, Michigan and Illinois. As a

result of these studies Senate Bill 235 was presented to the Council at its last meeting but failed to receive the endorsement of that body.

This bill was sponsored by Senator George Templar. A hearing was given by the Ways and Means Committee of the Senate, at which time considerable interest was evident.

The plasma situation in Kansas was endorsed by the Governor, the Kansas Public Health association, and the Red Cross.

At the present time Senate Bill 235 is still in committee, with no likelihood of being passed.

The committee has a few other plans which may eventually succeed in setting up a suitable plasma program for Kansas.

Respectfully submitted,

Warren F. Bernstorff, M.D., *Chairman*

### POST GRADUATE STUDY

H. H. Jones, Chr., Winfield; F. C. Beelman, Topeka; J. L. Lattimore, Topeka; Representative of Kansas University, Lawrence.

To the House of Delegates:

The Post Graduate Committee has carried forward with post graduate study. During the past year the schedule has been disrupted because of inability to obtain faculty members. The shortage of physicians in the teaching centers caused us to abandon the contemplated courses for surgery. Those in obstetrics and poliomyelitis were carried forward according to plan.

The Post Graduate Committee has had a number of meetings throughout the state in relation to the Graduate Fund. The response in the middle third of the state has been most excellent. There has been a good response from the southeastern portion of the state. The western third of the state and districts in the northeastern part of the state have been spotted in their response. Total funds collected are \$34,798.75. These are in the accounts of the State Society. It is recommended that this work be continued.

Respectfully submitted,

Harold H. Jones, M.D., *Chairman*

### PUBLIC HEALTH AND EDUCATION

George I. Thacher, Chr., Waterville; C. A. Bennett, Leavenworth; L. B. Gloyne, Kansas City; C. V. Haggman, Scandia; G. A. Leslie, McDonald; N. C. Morrow, Parsons; M. T. Sudler, Lawrence; J. E. Wolfe, Wichita.

To the House of Delegates:

There has been no meeting of the Committee on Public Health and Education this year.

Respectfully submitted,

George I. Thacher, M.D., *Chairman*

### PUBLIC POLICY

E. C. Duncan, Chr., Fredonia; Henry N. Tihen, Co-Chairman, Wichita; C. H. Benage, Pittsburg; C. D. Blake, Hays; W. P. Callahan, Wichita; F. R. Croson, Clay Center; John L. Grove, Newton; J. F. Hassig, Kansas City; B. A. Higgins, Sylvan Grove; Hugh A. Hope, Hunter; F. L. Loveland, Topeka; Ben H. Mayer, Ellsworth; J. H. A. Peck, St. Francis; J. W. Randell, Marysville.

To the House of Delegates:

A meeting of the Committee on Public Policy was held at Wichita in September, 1944, with a good attendance. No meetings have been held since that time.

Respectfully submitted,

E. C. Duncan, M.D., *Chairman*

### SCIENTIFIC WORK

Ralph I. Canuteson, Chr., Lawrence; Fred E. Angle, Kansas City; J. A. Blount, Larned; I. R. Burket, Ashland; E. R. Gelvin, Concordia; R. G. Klein, Dodge City; C. F. Young, Fort Scott; T. P. Haslam, Council Grove.

To the House of Delegates:

This committee has been relatively inactive the past year because of demands on the members which prevented them from attending committee meetings. By correspondence, suggestions for special papers and displays for the annual meeting were discussed.

At the present time a plan is under consideration to encourage and provide a common discussion ground for research problems pursued by individual members of the Society. Several men in the state are working alone on problems of interest to them. It is the hope of this committee to encourage such work and to develop a plan whereby these individual workers may have access to skilled advisory help and opportunities to present to other interested persons, the projects they are studying.

Respectfully submitted,

Ralph I. Canuteson, M.D., *Chairman*

### STATUTE RESEARCH

L. S. Nelson, Chr., Salina; W. F. Bernstorff, Winfield; W. P. Callahan, Wichita; F. R. Croson, Clay Center; E. C. Duncan, Fredonia; A. W. Fegly, Wichita; F. L. Loveland, Topeka; Henry N. Tihen, Wichita; Marion Trueheart, Sterling; John L. Lattimore, Topeka.

To the House of Delegates:

This committee was appointed to continue work which it had started during the previous year, for the purpose of recodifying and modernizing a Medical Practice Act for the state of Kansas. During its first year with its attorney, Mr. Kirk Dale, much of the ground work research was done. This entailed examining the Medical Practice acts of at least eight other states, those being selected which had most recently passed new laws of this type.

The committee appointed by President Trueheart included: M. Trueheart, M.D. Sterling; W. P. Callahan, M.D., Wichita; F. R. Croson, M.D., Clay Center; E. C. Duncan, M.D., Fredonia; F. L. Loveland, M.D., Topeka; J. L. Lattimore, M.D., Topeka; Henry

N. Tihen, M.D., Wichita; A. W. Fegtly, M. D., Wichita; W. F. Bernstorff, M.D., Winfield; Mr. Kirk Dale, Arkansas City.

The high character of the document from a legal point of view is due to the meticulous care with which Mr. Dale prepared it. This required more than 30 days of work and resulted in the completed instrument on which the entire committee worked three full days at different meetings. The entire council sat with the committee during the last two meetings and their contributions were many, interesting, helpful and appreciated.

Two other proposed laws were prepared, one to outlaw midwifery in this state and the other to revise Basic Science law. The former was passed but the latter was never presented.

At the moment little seems to have been accomplished but deeper thought reveals much. First, the sincere and interested effort of Mr. Dale, who is certainly an authority on medical laws. Second, the fine cooperation and good sportsmanship of the various members of the committee and the council. Each and every sentence was studied and discussed, changed and often settled by majority vote. I should like to here inject the statement, however, that almost every controversial point was finally approved by unanimous vote. It is to be hoped that a future committee will find what has been done to be helpful and that a new document may be further improved. Perhaps future legislative assemblies may see fit to place a modern medical practice act in the statute book of this state.

Major Clarence Munns was sent a copy after the first meeting and, true to his reputation, he studied the measure carefully, making many valuable suggestions, both by marginal notes and letters. Our appreciation to Clarence continues to mount even in his absence.

Respectfully submitted,  
L. S. Nelson, M.D., *Chairman*

### STORMONT LIBRARY COMMITTEE

F. E. Vest, Chr., Topeka; A. J. Brier, Topeka; C. E. Joss, Topeka; W. M. Mills, Topeka.

To the House of Delegates:

As in the past, additions to the medical library have been few because the only money available for purchasing books is the dividend from a \$5,000 investment. It happened that during this year the returns from this investment were less than previously, so very little more money was available than sufficient to pay for magazine subscriptions.

In addition to this, certain books have been donated through the Journal of the Kansas Medical Society. These are books that have been received from publishers for review in the Journal.

During the past few months we have found interest and assistance from outside sources. In making the state medical library comparable to the law library now housed in the State House there are plans under way to provide a separate room in the State House for the medical library. Efforts are now being made to purchase steel shelving. It is also hoped that money will be available from the state to employ a full time medical librarian.

Should these efforts come to pass, all medical literature in the state library will then be catalogued, accessible for use and be made available to the doctors in Kansas. Your medical library committee has cooperated in this project and had sincerely hoped that plans would be completed in time for this report. Since they are not, we expect to be able to make a definite announcement in this regard in the near future.

Respectfully submitted,  
F. E. Vest, M.D., *Chairman*

### STUDY OF HEART DISEASE

G. M. Edmonds, Chr., Horton; P. L. Beiderwell, Belleville; T. T. Holt, Wichita; T. J. Jager, Wichita; H. H. Jones, Winfield; E. D. Liddy, Jr., Lawrence; Harold T. Morris, Topeka; J. G. Stewart, Topeka; George A. Walker, Kansas City.

To the House of Delegates:

The committee has not had any meeting this year and has been inactive.

We hope as soon as the emergencies are over we can get back to our regular yearly post-graduate meeting, and have Dr. Samuel Levine's promise to come as soon as the war is over.

Respectfully submitted,  
G. M. Edmonds, M.D., *Chairman*

### VENEREAL DISEASE

O. W. Davidson, Chr., Kansas City; B. M. Marshall, Topeka; Harold Neptune, Salina; Geo. B. Morrison, Wichita; M. J. Renner, Goodland; J. V. VanCleve, Wichita; C. F. Young, Fort Scott; Dir. of Venereal Disease Control, Board of Health, Topeka.

To the House of Delegates:

Venereal Disease programs, under supervision of the Kansas State Board of Health, have made commendable progress. No meetings of the committee were held during the year.

Respectfully submitted,  
O. W. Davidson, M.D., *Chairman*

### WAR PARTICIPATION

M. Trueheart, Chr., Sterling; C. D. Blake, Hays; W. P. Callahan, Wichita; C. S. Huffman, Columbus; F. L. Loveland, Topeka; N. E. Melencamp, Dodge City; W. M. Mills, Topeka; C. C. Nesselrode, Kansas City; Alfred O'Donnell, Ellsworth; Henry N. Tihen, Wichita.

To the House of Delegates:

Since the work of the War Participation Committee is so closely allied to the work of the Procurement and Assignment Service, the committee

has asked Dr. F. L. Loveland, chairman of the Procurement and Assignment Service for Kansas, to submit a report covering such activities during the past year. That report will serve as the report of the War Participation Committee.

Respectfully submitted,

M. Trueheart, M. D., *Chairman*

For the past two years, the work of the Procurement and Assignment Service for physicians, dentists, veterinarians, sanitary engineers and nurses in our state has been very largely limited to an effort to find physicians who are willing, for the time being at least, to serve those communities where a critical need for medical care is manifest. This work to date has been carried on very largely by our own Kansas physicians. The following table gives a rather accurate picture of our present status. In referring to this table, it should be borne in mind that it refers to all known doctors of medicine practicing in our state, without reference to Medical Society affiliation.

County	Population	In Service	At Home	Hospitals	Ratio
Allen	19,874	6	13 (1)	1	1/1,656
Anderson	11,658	2	6 (2)	0	1/2,915
Atchison	22,222	8	16 (4)	1	1/1,852
Barber	9,073	5	4	0	1/2,268
Barton	25,860	9	12 (1)	2	1/2,351
Bourbon	20,944	7	13 (1)	1	1/1,745
Brown	17,395	2	10 (1)	1	1/1,933
Butler	32,013	4	20 (1) (1) *	1	1/1,778
Chase	6,345	0	3 (1)	0	1/3,173
Chautauqua	9,233	0	5 (1)	0	1/2,308
Cherokee	30,288	3	19 (2) (2) *	1	1/2,019
Cheyenne	6,221	0	3 (1)	1	1/3,111
Clark	4,081	1	3 (2)	1	1/4,081
Clay	13,281	7	9 (1)	1	1/1,660
Cloud	17,247	6	16 (3)	2	1/1,327
Coffey	12,278	2	5 (2)	0	1/4,093
Comanche	4,412	1	2	0	1/2,206
Cowley	38,139	9	29 (4) (3) *	5	1/1,733
Crawford	46,979	11	44 (8)	2	1/1,305
Decatur	7,434	0	6 (2)	1	1/1,859
Dickinson	22,929	3	16 (3)	2	1/1,764
Doniphan	12,936	1	6 (1)	0	1/2,587
Douglas	27,075	19	37 (9) (9) *	3	1/1,425
Edwards	6,377	1	5 (1)	0	1/1,594
Elk	8,180	0	4 (1)	0	1/2,727
Ellis	17,508	2	13	2	1/1,347
Ellsworth	9,855	2	5	2	1/1,971
Finney	10,792	4	4	1	1/2,698
Ford	17,254	3	8	4	1/2,157
Franklin	20,889	7	16 (7)	1	1/2,321
Geary	15,222	10	9 (2)	2	1/2,175
Gove	4,793	0	4	0	1/1,198
Graham	6,071	1	1	0	1/6,071
Grant	1,946	0	1	0	1/1,946
Gray	4,773	0	1	0	1/4,773
Greeley	1,683	2	0	0	0/1,638
Greenwood	16,495	3	11 (3)	1	1/2,062
Hamilton	2,645	0	2	1	1/1,322
Harper	12,068	1	7	3	1/1,724
Harvey	21,712	20	27 (3) (5) *	3	1/1,143
Haskell	2,088	0	1	0	1/2,088
Hodgeman	3,535	0	2	0	1/1,768
Jackson	13,382	2	6 (1)	0	1/2,676
Jefferson	12,718	2	9 (2)	0	1/1,817
Jewell	11,970	2	10 (1)	0	1/1,350
Johnson	39,797	9	10 (2) (1) *	1	1/5,685
Kearny	2,525	0	0	0	0/2,525
Kingman	12,001	5	6 (1)	3	1/2,400
Kiowa	5,112	1	3	0	1/1,704
Labette	32,589	7	30 (4) (7) *	3	1/1,715
Lane	2,821	1	1	0	1/2,821
Leavenworth	41,112	7	31 (3) (10) *	7	1/2,284
Lincoln	8,338	3	4 (1)	0	1/2,779
Linn	11,969	1	7	0	1/1,710
Logan	3,688	0	2	0	1/1,844
Lyon	26,424	11	23 (1)	2	1/1,201
Marion	18,951	1	15 (5) (1) *	2	1/2,106
Marshall	20,986	2	15 (2)	3	1/1,614

County	Population	In Service	At Home	Hospitals	Ratio
McPherson	24,152	5	13 (5)	1	1/3,019
Meade	5,522	1	7 (2)	0	1/1,104
Miami	10,489	7	20 (2) (6) *	1	1/1,624
Mitchell	11,339	2	11 (2)	1	1/1,260
Montgomery	50,672	4	42 (4) (1) *	4	1/1,370
Morris	10,363	1	7 (1)	1	1/1,727
Morton	2,176	0	2 (1)	1	1/2,186
Nemaha	16,761	2	13 (2)	1	1/1,524
Neosho	22,210	5	12 (2)	1	1/2,221
Ness	6,864	0	1	0	1/6,864
Norton	9,831	3	12 (1) (5) *	2	1/1,639
Osage	15,118	2	9	0	1/1,680
Osborne	9,835	0	10 (2) (1) *	0	1/1,405
Ottawa	9,224	1	6 (1)	0	1/1,845
Pawnee	10,330	5	10 (2) (4) *	2	1/2,583
Phillips	10,434	1	3	0	1/3,478
Pottawatomie	14,115	0	12 (2)	1	1/1,412
Pratt	12,348	3	7 (2)	2	1/2,470
Rawlins	6,618	0	3	0	1/2,206
Reno	54,348	13	37 (5) (1) *	2	1/1,753
Republic	13,124	2	10 (1)	1	1/1,458
Rice	17,213	7	13 (4)	3	1/1,913
Riley	21,668	14	21 (4) (2) *	3	1/1,445
Rooks	8,497	0	4	0	1/2,124
Rush	8,285	3	4	0	1/2,071
Russell	13,464	2	8 (1)	0	1/1,923
Saline	21,548	14	32 (6) (1) *	2	1/1,262
Scott	3,773	0	3 (1)	1	1/1,887
Sedgwick	218,619	55	168 (11) (13) *	10	1/1,518
Seward	8,016	1	3	1	1/2,672
Shawnee	93,007	43	123 (15) (49) *	9	1/1,576
Sheridan	5,312	1	2	0	1/2,656
Sherman	6,421	0	5 (1)	1	1/1,605
Smith	10,582	1	6 (2)	0	1/2,646
Stafford	10,486	1	11 (4)	1	1/1,498
Stanton	1,443	0	0	0	0/1,443
Stevens	3,193	1	1	0	1/3,193
Sumner	26,163	8	21 (6) (3) *	3	1/2,180
Thomas	6,425	0	3 (1)	0	1/3,213
Trego	5,822	0	3 (1)	0	1/2,911
Wabunsee	9,219	0	8 (1)	0	1/1,317
Wallace	2,216	0	2	0	1/1,108
Washington	15,921	4	7	0	1/2,274
Wichita	2,185	0	1	0	1/2,185
Wilson	17,725	6	8 (1)	1	1/2,532
Woodson	8,033	1	4 (1)	0	1/2,678
Wyandotte	149,991	81	132 (20) (19) *	6	1/1,613

\*The first figure in parentheses represents the number of physicians not in practice in the county; the second represents institutional and industrial physicians, together with those employed by the Veterans Administration and the United States Public Health Service.

Respectfully submitted,

F. L. Loveland, M. D., *Chairman*

Procurement and Assignment Service for Kansas.

## ASSISTANTS' MEETING CANCELLED

The annual meeting of the Kansas Medical Assistants' Society, tentatively scheduled for Sunday, May 6, at Emporia, has been cancelled in compliance with the ruling of the Office of Defense Transportation that all conventions attended by 50 or more persons be eliminated, according to announcement made recently by Zura Crockett, president.

Since no meeting will be held, the present executives of the Society will be frozen in office. Those serving are: Zura Crockett, Wichita, president; Marjorie Euler, Topeka, president elect; Carmen Kline, Kansas City, vice president; Margaret McKillip, Wichita, secretary; Charlotte Parish, Wichita, treasurer; Blenda Blankenship, Topeka, corresponding secretary.

## *President's Page*

*To the Members of the Kansas Medical Society:*

This is my last president's letter. The next one will be written by your new president, Dr. William P. Callahan, who will take office early in May.

I feel that it would be a great thing if every member of the Society could be president during a legislative year. If that could be so, I know that you all would take a greater interest in seeing that friends of Kansas medicine are sent to the Kansas legislature. I hope in the future the members in each county will feel it their personal obligation to see that legislative representatives from their counties are friendly to medicine.

It has been a very pleasant year as president of your Society. All of the officers, committees and members have been giving me wonderful support and assistance all through the year. I feel that any success the Society has had under this administration has been due to the help they have given.

I appreciate the honor you have conferred upon me by making me president for the year now coming to a close. I have tried my best to be worthy of the trust you have reposed in me. I hope that you will all give my successor whole-hearted support during his year in office. I take great pleasure in placing the gavel in the worthy hand of Dr. Callahan.

Yours very truly,

A handwritten signature in cursive script that reads "M. Trueheart. M.D." The signature is fluid and elegant, with the initials "M.D." written in a slightly different style at the end.

M. Trueheart, M.D., President

## EDITORIALS

### CANCER CONTROL IN APRIL

The last year has been marked by more progress in the control of cancer in Kansas than any during the past twenty-five. During this year the Field Army was reorganized to include men who now, for the first time, will lend their active support toward the membership drive. Mr. Maurice Breidenthal of Kansas City, Kansas, has been made state director of the drive. Mrs. Daisy Johntz will continue in her capacity as head of the Women's Division to give the same splendid service that has characterized her efforts in the past.

This year for the first time the Kansas legislature has appropriated money for use in cancer control, and we will soon have a division in the Board of Health to handle this work. In the near future a state-wide effort will be inaugurated to interest the public in the value of early diagnosis.

The success of the program now rests squarely with the doctor. It is a challenge for every practicing physician in the state. In behalf of the Field Army and its hundreds of voluntary workers, we urgently request your cooperation during the month of April in the membership drive. Your assistance will be effective both from a financial point of view and because of the morale that will be built up if the doctor in your community is known to be connected with this worthwhile voluntary organization.

### LIMITATION OF PRIVATE DUTY NURSING

An urgent appeal to hospitals and physicians of Kansas to cooperate in a national campaign to limit private duty nursing to those who are acutely ill was made recently by Miss Cora A. Miller, chairman of the state committee of the Procurement and Assignment Service for Nurses, War Manpower Commission.

Miss Miller said that the Procurement and Assignment Service in Washington had written the American Medical Association and the American Hospital Association requesting the two associations to recommend to their members that private duty nursing be limited to the acutely ill. It has been further recommended that private duty nurses classified by the state committee as available for military service not be called upon for duty by the hospitals or physicians unless they have been found ineligible for duty in the Army or Navy.

The state committee, Miss Miller revealed, has

classified 368 private duty nurses in Kansas. Of this number 89 are classed as available for military service. "Our state quota for the armed forces," she pointed out, "is 159. We cannot hope to meet it and fulfill our obligations to our wounded men unless all nurses classified as available respond. They will do so if the hospitals, the physicians and the public cooperate."

Miss Miller said that the state committee believed that the number of private duty nurses not eligible for military service would be sufficient to render absolutely essential nursing care in the field of private duty nursing if properly used. "The situation in the Army is serious," she said. "The surgeon General has announced that the ceiling for the Army Nurse Corps has been raised to 60,000 and that they must have the additional nurses at once if our wounded men are to receive adequate care."

### HOUSE OF DELEGATES MAY 6, TOPEKA

The House of Delegates will meet at the Jayhawk Hotel, Topeka, on Sunday, May 6. The first session will begin at 10:00 a. m., and the second will start at 2:00 p. m. A Council meeting will follow at 5:00 p. m.

Besides the election of officers, several important items of business will be decided. The Post Graduate Committee and the Council will ask the House of Delegates to make definite plans regarding a post graduate program for returning medical officers. There is already deposited in a Topeka bank considerable money for this purpose. Requests for the use of this money have already been received, but no action has been taken until the House of Delegates determines the policy that shall be adopted.

A second problem pertains to the Kansas Physicians' Service. The enabling act has passed and will shortly become law. Still undecided are such details as premium rates, physicians' fees, contracts both with physicians and with subscribers, and organization of the company, its board of directors, powers, duties, etc. Those items will be reported at the House of Delegates meeting by your Medical Economics committee and action will be taken at that time.

You are aware that your local society elects its own delegates, that you are entitled to one delegate from each society or one for each 20 members or major fraction thereof, that past presidents of the Kansas Medical Society are delegates at large, and that all delegates must have paid their 1945 dues to be admitted. If you have not already done so, please elect your delegates and forward these names to the executive office.

## *Auxiliary President's Message*



*Mrs. Leo J. Schaefer*

county chairmen, and then only by the co-operation of each individual. To all of you, my gratitude for a very happy year.—Mrs. Leo J. Schaefer.

"It doesn't make any difference how hard we look back, we can't keep tomorrow from coming."

Looking back and reviewing the aims we advanced at the beginning of our year, we may well feel that we have accomplished much in spite of self-sacrifice and difficult conditions. Tomorrow is coming and your president will join the realm of the wonderful group of past presidents who serve so well as a real bulwark to our county groups. To my successor, Mrs. Hugh A. Hope, I present the state of Kansas, dotted all over with active, enthusiastic Auxiliary members, members who are proud to be eligible and who have proven their value as aids, allies, and helpers of the medical profession. "Quitters never win — winners never quit," so let us progress each day.

Our three objectives have been (1) Membership, (2) Bulletin, (3) Hygeia. As the reports come in from the county units, I am really out of the "wastebasket." We have increased the membership which shows stimulated interest, have tripled the Bulletin subscriptions which produces an informed membership, have more than doubled the Hygeia circulation, thus distributing authentic health information. All this has been possible only by the co-ordinated efforts of the state and

## *Auxiliary President Elect's Message*



*Mrs. Hugh A. Hope*

That "every cloud has a silver lining" is an encouraging thought. It is particularly so, just at this time, when the whole world is darkened by a cloud of war. But the silver lining is beginning to shine through! Would that the conflict in the European Theatre of Operations be ended by the time this is being read! This cloud has also darkened our enthusiastic plans for the state meeting to have been held in May.

The thought of meeting and greeting the wives of our heroes on the home front—our "medicine men"—had been a pleasant anticipation. How proud and privileged we should feel to be the wife of one of so noble a profession. To these wives whom I will be denied the pleasure of greeting personally, I wish to say this: It is the duty of every wife of every doctor to express her loyalty, moral support and pride by enlisting in her army, the Woman's Auxiliary to the Kansas Medical Society.

If there is no organized unit in the community in which you live, join as a member at large. Subscribe to the national bulletin which is your official textbook. Follow the teachings found therein and you will become a well informed and influential member.

There is strength in numbers, so let our goal be—every wife of every doctor a member of the Woman's Auxiliary to the Kansas Medical Society. In that way we will enable our doctors in the service of our country to return to an opening reserved for them rather than usurped by one who was not acceptable to our government.

Won't you join us?—Mrs. Hugh A. Hope.

## AUXILIARY ANNOUNCES PLANS

The Woman's Auxiliary to the Kansas Medical Society will hold no regular annual session this year and instead will have a streamlined meeting at Topeka the week-end of May 5. Tentative plans call for a pre-board meeting on Saturday evening, May 5, with a general session on Sunday, May 6, followed by a post-board meeting later the same day.

## A.M.A. DEFERS MEETING

For the fourth time in the history of the American Medical Association and the second time during the present war, no annual session will be held. The first session to be cancelled was in 1861, because of the outbreak of the war between the states, and in 1862 the meeting was again postponed for a year. The 1943 session scheduled to have been held in San Francisco was cancelled, and the 1944 meeting scheduled for Philadelphia June 18-22 has also been deferred.

It was originally planned that a meeting of the House of Delegates of the A.M.A. should be held in Chicago in May or June, but recent reports indicate that it will not be held until much later. An application to hold the meeting will be filed with the O.D.T., and the date will be announced as soon as possible.

## CHEST PHYSICIANS CANCEL MEETING

The American College of Chest Physicians, with membership in 23 countries, has cancelled its annual meeting scheduled to be held at Philadelphia, June, 1945.

The Executive Council of the College voted to hold a business meeting of the Board of Regents at Chicago, June 17.

# PROFESSIONAL PROTECTION



DOCTORS DISCHARGED  
from Military Service should  
notify Company immediately.

MILITARY POLICY  
does not cover Civilian Practice.

THE  
**MEDICAL PROTECTIVE COMPANY**  
FORT WAYNE, INDIANA

## Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)  
Incorporated not for profit

### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting April 23, May 7, and every two weeks during the year. One week Course Surgery of Colon and Rectum April 16, June 11, and September 10.

**GYNECOLOGY**—Two Weeks Intensive Course April 23, June 18. One Week Personal Course Vaginal Approach to Pelvic Surgery May 21, July 9.

**OBSTETRICS**—Two Weeks Intensive Course April 9, June 4.

**ANESTHESIA**—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

**ROENTGENOLOGY**—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

**UROLOGY**—Two Weeks Course and One Month Course every two weeks.

**CYSTOSCOPY**—Ten Day Practical Course every two weeks.

**ELECTROCARDIOGRAPHY AND HEART DISEASE**—One Month Course starting May 7. Two Weeks Intensive Course starting August 6.

**GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES**

**TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL**

Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.

## BUY BONDS FOR VICTORY

# REPRINT PRICE LIST

Reprints from articles in the  
**KANSAS MEDICAL JOURNAL**

All Reprints are made the same size as  
Journal pages, 7¾ x 10½ inches.  
Transportation charges on reprints are  
to be paid by the Author

No. Copies	Pages	Without Cover	With Cover
100.....	4	\$ 9.00	\$12.25
250.....	4	9.75	14.50
500.....	4	11.00	17.50
1000.....	4	18.00	26.00

No. Copies	Pages	Without Cover	With Cover
100.....	8	\$12.50	\$16.00
250.....	8	14.00	18.00
500.....	8	16.00	23.00
1000.....	8	21.00	32.00

No. Copies	Pages	Without Cover	With Cover
100.....	12	\$16.00	\$20.50
250.....	12	18.25	23.50
500.....	12	21.25	28.25
1000.....	12	28.00	39.00

## CAPPER PRINTING CO.

Capper Building  
TOPEKA, KANSAS

New knowledge as to the effective use of chest x-rays and new methods greatly reducing the cost of large numbers of x-ray diagnoses put into our hands far more effective facilities than we have heretofore had for the elimination of tuberculosis. It is now practicable to think in terms of x-raying the entire population of various areas, beginning perhaps with areas in which tuberculosis rates are still high. We can get rather definite estimates as to the number

of cases which will be discovered in the various stages of the disease. We can formulate tentative estimates as to the additional number of hospital beds that will be required, and as to the numbers for whom partial or complete rest at home may be adequate. We can also judge as to the frequency with which such x-ray examinations will need to be repeated in any given locality, in order to catch the most recent infection.—Homer Folks, *Amer. Jour. P. H.*

## THE TROWBRIDGE TRAINING SCHOOL

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

**The Best in the West**

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.

1850 Bryant Building

E. HAYDEN TROWBRIDGE, M.D.

Kansas City, Mo.

## ALCOHOL—MORPHINE—BARBITAL

**ADDICTIONS** Successfully Treated Since 1897—

Founded by B. B. Ralph, M.D.



*Write for description booklet*

## The Ralph Sanitarium

529 Highland Ave.

Kansas City, Mo.

Telephone—Victor 4850

Registered by the Council on Medical Education and Hospitals of the A. M. A.

"That's the seventh statement I've sent Brown and he doesn't even tell me *why* he hasn't paid."

Will you be thinking this when you send another statement to Brown this month? Our experience has been that a debtor who ignores five statements without giving a reason for non-payment will ignore the sixth and succeeding ones also. *You will realize the greatest possible net returns on your accounts if you turn them over when they become six months past due.*

For *thirty-one* years (*thirty* years in the same location) we have specialized in the collection of accounts for professional men, hospitals, morticians, etc. Our methods are tactful, persuasive and resultful, and *they retain for our clients the good will of those from whom we collect.*

We have no postage nor docket fees. We receive only a moderate commission for results obtained. Absolutely no collection, no charge, and *we remit monthly* on every cent collected.

To start our monthly checks coming to you, just send us a list of your past due accounts giving name and address of each debtor, amount due and date of last payment or charge. As members of the Collection Service Division of the Associated Credit Bureaus of America, with its 700 affiliated collection offices, we can render an effective collection service anywhere in the United States, Canada, Alaska, or Hawaii. These offices, like our own office, were elected to membership after careful investigation as to efficiency and reliability—and *each office is covered by a surety bond.*

Now is the time to cash in on today's era of prosperity by sending your accounts *today.*

## MORANTZ MERCANTILE AGENCY

Second Floor, Grossman Bldg., Kansas City, Kansas

*"Established 1913 and our first client is still with us."*

Reference: Security National Bank, Kansas City, Kansas

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

May, 1945

Number 5

## CANCER IN KANSAS\*

F. C. Beelman, M. D.

Executive Officer, The Kansas State Board of Health

Topeka, Kansas

Cancer, during the last ten years, has moved into and maintained consistently second place as the cause of death in Kansas. In 1944, 2,341 persons lost their lives to this disease. If we assume there is a minimum of, at least, three cases unreported for each death, a conservative estimate would indicate there are more than 7,000 persons now suffering from cancer in Kansas. This accepted ratio of three unreported cases for each death has actually been found to be too low by cancer prevalence studies in several states. In the last 20 years, cancer deaths, as reported to the Kansas State Board of Health, have increased 63 per cent. Under stimulation of the Cancer Control Committee of the Kansas Medical Society, there has been an attempt to secure more accurate information and a more detailed breakdown of statistics.

In this study of 50,393 cancer deaths, statistics are used beginning in 1916 when more accurate tabulations were started; however, cancer deaths, in general, were reported by various county health officers in their annual reports since 1885. In 1931, and again in 1940, additional material was requested on reports so as to accumulate increased data on the site of cancer.

Chart I shows, in general, cases and deaths from cancer reported by physicians and taken from death certificates extending back to 1916 with attending rates per 100,000 population. The number of cases reported shows no improvement; in fact, fewer cases are reported now than were reported consistently 20 years ago. Undoubtedly, better diagnosis and increased post-mortem examinations have much to do with the gradual increase in total annual deaths. The low reporting ratio of cases to deaths can be improved greatly. A high per cent of the deaths from cancer still are not being reported prior to the filing of the death certificate. Increased reporting on the part of physicians would provide a much more accurate picture of the cancer problem in Kansas

and, more important, a register of cases of cancer

Chart I. Kansas Cancer Morbidity and Mortality Rates Since 1916.

YEAR	NUMBER OF CASES	MORBIDITY RATE	NUMBER OF DEATHS	DEATH RATE 100,000
1916	221	12.9	1,220	71.2
1917	184	10.6	1,224	70.6
1918	208	12.0	1,267	73.1
1919	202	11.5	1,228	69.7
1920	213	12.0	1,297	72.8
1921	255	14.2	1,396	77.8
1922	253	14.0	1,409	77.9
1923	217	11.9	1,461	80.0
1924	268	14.6	1,390	75.7
1925	312	17.2	1,528	84.2
1926	255	14.0	1,675	91.8
1927	217	11.8	1,839	100.0
1928	219	13.5	1,846	100.4
1929	130	7.0	1,739	93.8
1930	113	7.7	1,818	98.2
1931	93	5.1	1,853	102.0
1932	95	5.2	2,003	110.4
1933	106	5.8	2,057	112.0
1934	96	5.2	2,168	118.0
1935	69	3.7	2,094	113.4
1936	69	3.7	2,215	120.3
1937	73	4.0	2,168	118.8
1938	118	6.5	2,250	124.6
1939	195	10.8	2,251	124.2
1940	241	13.4	2,213	122.8
1941	212	13.8	2,194	124.8
1942	170	9.4	2,275	126.0
1943	207	11.9	2,312	127.0

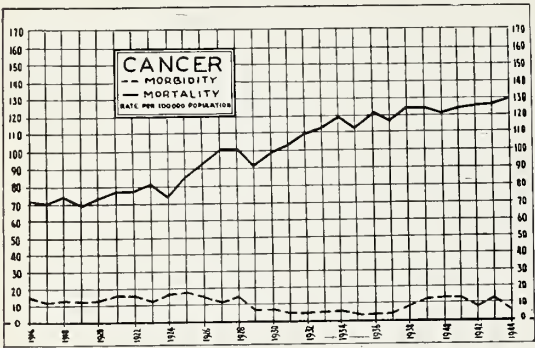
\* Fourth in a series of articles on the general subject of cancer.

living or cured of the disease.

In considering the progressive increase of deaths from cancer, we must keep in mind the fact that the population of Kansas is growing older. In the age

per cent since 1900. Another factor has been the great gains in longevity which were made possible by the elimination or reduction of the hazards to early life.

Chart II. Kansas Morbidity and Mortality Rates Since 1916



group of individuals in Kansas above sixty years of age, there has been an increase of more than 300

Chart II is a graph of the mortality and morbidity rates per 100,000 population for the last 20 years.

In Chart III is shown the distribution of the total number of deaths occurring since 1916, by counties, together with the number of deaths for 1943 and the 1943 death rate.

In Chart IV is shown the distribution of these deaths by site, color, sex and by marital status. The year these statistics became available on specific site of cancer, is shown in the last column. Prior to those years such deaths were classified in the group listed as—"all other unspecified organs".

Far surpassing all other areas of the body nearly five to one as the site of cancer, is the digestive tract. Slightly more than fifty per cent of all the deaths reported since 1916 fall into this classification. In-

CHART III. TOTAL DEATHS FROM CANCER BY COUNTIES

State Total 50,393  
1916-1943

COUNTY	Total Deaths Since 1916	1943 Deaths	1943 Death Rate Per 100,000	COUNTY	Total Deaths Since 1916	1943 Deaths	1943 Death Rate Per 100,000	COUNTY	Total Deaths Since 1916	1943 Deaths	1943 Death Rate Per 100,000
Allen .....	694	36	189.4	Greeley .....	15	0	0	Osborne .....	245	9	99.1
Anderson .....	319	7	66.3	Greenwood ..	428	18	120.5	Ottawa .....	274	9	101.3
Atchison .....	724	34	164.6	Hamilton .....	59	2	76.9	Pawnee .....	236	8	94.2
Barber .....	230	13	163.1	Harper .....	401	22	205.3	Phillips .....	284	8	78.9
Barton .....	558	36	142.1	Harvey .....	1,012	51	242.3	Pottawatomie..	369	18	132.1
Bourbon .....	763	28	150.3	Haskell .....	18	1	48.4	Pratt .....	248	9	81.3
Brown .....	465	13	82.1	Hodgeman ...	33	2	58.0	Rawlins .....	160	5	86.5
Butler .....	669	30	107.4	Jackson .....	406	10	78.8	Reno .....	1,293	60	118.6
Chase .....	137	3	53.0	Jefferson .....	296	6	50.9	Republic .....	412	21	174.2
Chautauqua ..	214	5	58.0	Jewell .....	358	10	94.4	Rice .....	438	17	107.5
Cherokee .....	683	18	59.4	Johnson .....	630	30	81.8	Riley .....	552	21	104.7
Cheyenne .....	96	4	69.3	Kearny .....	58	1	41.9	Rooks .....	144	3	37.2
Clark .....	71	4	104.2	Kingman .....	264	12	117.8	Rush .....	117	2	25.4
Clay .....	439	13	105.8	Kiowa .....	87	1	21.3	Russell .....	165	4	33.1
Cloud .....	669	28	184.1	Labette .....	965	44	135.0	Saline .....	901	45	168.0
Coffey .....	362	10	86.7	Lane .....	48	2	74.5	Scott .....	64	6	163.0
Comanche ....	82	3	73.0	Leavenworth ..	1,506	83	267.2	Sedgwick .....	4,155	209	126.7
Cowley .....	1,073	54	153.3	Lincoln .....	241	7	87.2	Seward .....	142	2	31.2
Crawford .....	1,323	67	152.0	Linn .....	313	5	43.9	Shawnee .....	3,144	169	187.4
Decatur .....	159	7	104.1	Logan .....	64	1	29.5	Sheridan .....	93	2	39.8
Dickinson .....	686	24	111.0	Lyon .....	787	29	127.9	Sherman .....	144	9	152.1
Doniphan ....	316	9	79.0	Marion .....	500	25	137.7	Smith .....	357	6	61.6
Douglas .....	869	36	139.4	Marshall .....	593	23	113.7	Stafford .....	221	8	81.4
Edwards .....	152	5	83.0	McPherson ...	587	32	141.1	Stanton .....	11	2	143.8
Elk .....	211	6	81.7	Meade .....	86	4	76.0	Stevens .....	44	2	64.6
Ellis .....	409	23	142.0	Miami .....	574	25	146.7	Sumner .....	741	29	113.6
Ellsworth .....	302	9	92.7	Mitchell .....	386	16	147.6	Thomas .....	115	6	95.0
Finney .....	211	12	119.5	Montgomery ..	1,317	74	151.1	Trego .....	75	3	53.2
Ford .....	449	31	188.5	Morris .....	273	11	115.0	Wabaunsee ..	199	4	44.8
Franklin .....	659	25	126.9	Morton .....	32	4	200.8	Wallace .....	40	0	0
Geary .....	317	22	165.1	Nemaha .....	499	23	152.0	Washington ..	399	14	93.2
Gove .....	89	5	107.4	Neosho .....	670	33	154.6	Wichita .....	22	1	48.4
Graham .....	138	3	52.8	Ness .....	142	4	62.1	Wilson .....	473	29	179.9
Grant .....	20	1	55.7	Norton .....	339	22	249.2	Woodson .....	231	4	49.8
Gray .....	64	2	43.7	Osage .....	418	12	84.4	Wyandotte ....	4,855	297	200.1

teresting enough, the difference in sex is not great—52.3 per cent being male—47.7 per cent female. It is difficult to speculate on the influence of race, due to

lack of information on the numerical ratio of each group involved; however, it can readily be observed that fewer colored deaths in cancer of the skin oc-

C H A R T IV. DISTRIBUTION by SITE, COLOR, SEX and MARITAL STATUS

SITE	Total Cases	COLOR			SEX		MARITAL STATUS				Year Start of Report
		W	B	O	M	F	S	M	W or D	Not Rep.	
CANCER OF SKIN	1,746	1,728	18	0	1,169	577	144	855	735	12	1916
CANCER OF BREAST	4,391	4,215	174	2	52	4,339	462	2,547	1,376	6	1916
FEMALE GENITAL ORG.	6,264	5,806	451	7	0	6,264	364	3,856	2,035	9	1916
DIGESTIVE TRACT	25,536	24,700	819	17	13,378	12,158	2,031	15,095	8,326	84	1916
BUCCAL CAVITY	1,803	1,744	55	4	1,494	309	212	994	583	14	1916
MALE GENITAL ORG.	2,549	2,466	81	2	2,549	0	232	1,650	658	9	1931
RESPIRATORY SYSTEM	1,007	963	42	2	671	336	118	662	221	6	1931
URINARY PASSAGES	381	366	15	0	231	150	42	231	104	4	1940
BRAIN and C.N.S.	195	186	8	1	121	74	56	112	26	1	1940
All Other UNSPECIFIED ORG.	6,521	6,323	195	3	3,871	2,650	977	3,856	1,661	27	1916
TOTALS	50,393	48,497	1,858	38	23,536	26,856	4,638	29,808	15,725	172	

C H A R T V. DISTRIBUTION BY SITE AND AGE

SITE	Total Cases	Age Groups									Percentage	
		0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Under 50 yrs.	Over 50 yrs.
CANCER OF SKIN	1,746	3	6	5	23	46	54	173	344	1,092	7.1	92.9
CANCER OF BREAST	4,391	0	2	6	109	526	650	1,182	972	944	25.3	74.7
FEMALE GENITAL ORG.	6,264	2	7	37	256	926	947	1,647	1,397	1,045	30.7	69.3
DIGESTIVE TRACT	25,536	33	32	75	311	1,159	1,690	4,814	7,725	9,675	11.0	89.0
BUCCAL CAVITY	1,803	3	5	9	24	40	127	317	506	772	9.4	90.6
MALE GENITAL ORG.	2,549	15	5	19	34	45	98	313	789	1,231	6.9	93.1
RESPIRATORY SYSTEM	1,007	1	12	16	27	72	156	283	261	179	20.6	79.4
URINARY PASSAGES	381	10	2	0	2	20	54	97	96	100	13.6	86.4
BRAIN and C.N.S.	195	11	14	18	16	27	45	36	14	14	56.4	43.6
All Other UNSPECIFIED ORG.	6,521	109	110	195	253	441	476	1,195	1,614	2,128	22.7	77.3
TOTALS	50,393	187	195	380	1,055	3,302	4,297	10,057	13,718	17,180	16.3	83.7

curred per total cases than in cancer of any other site.

On the question of sex, 46.7 per cent of the total cases occurred among males, and 53.3 per cent among females. Cancer of the buccal cavity occurred more than four times as frequently in the male than female; twice as frequent in cancer of the skin and respiratory tract. On the other hand, cancer of breast tissue in the female, occurred more than eighty times as frequent as in the male. The three sites most frequently reported in the female were digestive tract, genital organs, and breast. In the male the three sites predominating were digestive tract, genital organs, and buccal cavity. In considering marital status, we are again handicapped in not knowing the ratio of total numbers of groups considered so that more accurate comparable rates could be computed. The lower age level of single persons, together with the decreasing percentage in the lower age groups, as compared to our total Kansas population, would also be factors to consider. However, statistics, as shown, offer interesting speculation as to the hazard of marriage in relation to the occurrence of cancer.

In Chart V is shown the distribution as to site and age, together with the total percentage under or over fifty years of age. From early age groups, up to seventy-five years of age and over, we observe a progressive increase in total deaths. There were only 762 deaths, or 1.5 per cent of the total younger than twenty-five years. In the age group above fifty years—42,215 deaths or 83 per cent of the total occurred. The three highest per cent of specific deaths occurring under fifty years, by site of lesion, were, in the brain and central nervous system—56.4 per cent; the female genital organs 30.7 per cent; and the breast 25.3 per cent. The three highest per cent of specific deaths occurring in persons over fifty years of age, by site of lesion, were male genital organs—93.1 per cent; cancer of the skin—92.9 per cent; and buccal cavity—90.6 per cent. In the single, largest group, with the primary cite of cancer being in the digestive tract, 89 per cent were over fifty years of age.

Since the First World War, cancer in Kansas has killed more people than the total American casualties suffered in that war. Fifty per cent of the deaths were the result of cancer occurring in the digestive tract, which is not readily diagnosed. Cancer of the skin, the buccal cavity, the breast, and the male and female genital organs would constitute areas of the body wherein early diagnosis might be expected; however, only 16,753 deaths, or 33 per cent of the total under study occurred in those areas of the body.

In thirty-eight states Cancer Control programs are conducted by official state agencies. The predominating activities are educational programs and the gathering of statistical information on cancer. Appropriations for these cancer control programs range

from a few hundred dollars to well over \$500,000 annually. A brief summary of various activities now in practice as a part of state cancer control programs follows:

1. Lay and professional cancer education predominates. In some states the educational programs are conducted entirely through the official agency. In many states the Field Army of the American Society for the Control of Cancer co-operates with official agencies. State and local medical societies are playing an increasingly important part, not only in the educational programs but in co-ordinating, sponsoring and directing cancer control programs along channels wherein the most can be accomplished.
2. The second activity is the collection and tabulation of information on cancer. The establishment of a state-wide cancer register, with follow-up of proven, diagnosed cases of cancer, over the years, provides evidence as to the effectiveness of early diagnosis and medical care.
3. In a number of states, tissue diagnostic service is being made available to physicians and hospitals. The method varies from subsidy of private pathological laboratories, private pathologists on a part-time or fee basis, to pathological services rendered by the laboratory of the State Health Department or University Medical College.
4. Co-operating with state and local medical societies in the establishment of approved cancer clinics has been another activity. Organized around the staffs of general hospitals, state agencies assist to the extent of providing scientific equipment, clerical assistance, services of a part-time pathologist, or radium. The purpose is to make each diagnostic clinic as effective as possible in its service to the community.
5. A few states have established State Cancer Hospitals for the care of the indigent. Such programs for the treatment and care of cancer patients are usually established through Social Welfare Boards or special Cancer Commissions.
6. Several states are carrying on extensive research programs. Up to the present time, almost the entire Federal appropriation for cancer control has been utilized through the National Cancer Institute on cancer research.

The 1945 Legislature made an annual appropriation of \$12,000 for the next biennium for the development of a Cancer Control program within the State Board of Health. For a number of years this has been a recommendation of the Committee on

Cancer Control of the Kansas Medical Society. This group has played an active role in furnishing the leadership for programs, looking to the control of cancer in Kansas. The gradual encouragement and development in Kansas of The Field Army of the American Society for the Control of Cancer is another worthy project of this committee. Greater opportunities are now at hand and, through active cooperation in the building of a unified control program adaptable to Kansas, encouraging results can be anticipated.

## REFERENCES

1. Levin, M. L.—The Epidemiology of Cancer—American Journal of Public Health, Volume 34, No. 6, June, 1944.
2. Hawkins, J. W.—Organizational Structure and Activities of State Cancer Programs—Journal National Cancer Institute, February, 1944.
3. Levin, M. L.—Cancer Reporting in New York State—New York State Journal of Medicine, Vol. 44, April 15, 1944.
4. Kress, L. C.—Annual Report—Division Cancer Control—New York State Department of Health.
5. Neff, J. L.—A County Cancer Program—New York State Journal of Medicine, Vol. 44, March 1, 1944.
6. MacDonald, E. J.—State-Wide Cancer Record Registry in Connecticut—The Medical Woman's Journal, April, 1944.
7. Marshino, Ora—Administration of the National Cancer Institute, Journal, National Cancer Institute, April, 1944.
8. Kansas State Board of Health Annual and Biennial Reports—1885 to 1943.

## TREATMENT FOR SACRO-ILIAC STRAIN OR SPRAIN, TORTICOLLIS AND LUMBAGO

Mayer Shoyer, M. D.

Holton, Kansas

The introduction of a one to one and one-half per cent solution of metycaine into the muscles and ligaments is productive of great relief in acute and sub acute cases and frequently is curative.

In general the injection of up to 30 cc of a 1.5 per cent solution of metycaine is safe and may be made safer by the addition of epinephrin Hydro, 1—200000 and if any doubt enters your mind the administration of a barbiturate before the injection may be used.

One should avoid intravenous administration by drawing on the piston of the syringe, but if this should happen and only a small amount has been injected you would only have mild nervous symptoms, possibly a minor convulsion.

Dr. D. C. Hines of Eli Lilly and Company informs me that he has not yet heard of a death due to systemic toxicity.

In cases of lumbago the place of greatest tender-

ness on pressure is located, the skin painted with your favorite solution and five to 20 cc of a one to one and one-half per cent solution of metycaine are fanned out into the muscles. In a few minutes relief is obtained, frequently permanent.

In sacro-iliac disability when the solution is injected into the muscles, sacro-lumbar and superior sacro-iliac ligaments and fanned out along the articulation, most gratifying relief is obtained.

In torticollis, acute only, inject at points of greatest tenderness, remember the external jugular vein and numerous veins and arteries along the upper part of the sterno mastoid muscle. One of its heads arises from the sternum and the lower part is comparatively free from blood vessels.

Torticollis also affects the trapezeus muscle, which may be injected at most any point.

These injections may be repeated as necessary.

## A SPOT ON THE LUNG

It is futile to search in dictionaries or medical text-books for a definition of the term "a spot on the lung." But the term is being used with great frequency by physicians, nurses and laymen alike. If this term is subjected to scrutiny, it is found that it may mean anything and everything that produces either a shadow or an area of decreased density in a chest roentgenogram or anything and everything that causes abnormal physical signs over the lungs. If, then, this expression has no meaning that cannot be stated more precisely in other terms, it remains to be found out why it is being used. If this is one of the terms that does not express a definite meaning, does it possibly obscure a meaning?

Nobody who has searchingly studied the histories of patients with pulmonary disease can doubt that the real function of the phrase, "a spot on the lung," is to cloud the facts. It is a cloak for a great variety of pulmonary diseases, a protective screen for the inability or unwillingness of the physician to arrive at a diagnosis acceptable to himself, a disguise for a bitter truth that the physician hesitates to tell the patient, an escape for the patient who tries to elude further diagnostic work and necessary treatment.

"A spot on the lung" has a pleasantly innocent sound. It lulls into inertia and indifference whatever doubts or curiosity the patient, and, even in

(Continued on Page 161)

# Official Proceedings - - House of Delegates

## FIRST SESSION

The first regular session of the 86th annual House of Delegates was held at the Hotel Jayhawk in Topeka on Sunday, May 6, 1945 at 10:00 a.m. The meeting was called to order by the president, Dr. Marion Trueheart. The minutes of the previous meeting were accepted as published in the Journal. The presence of a quorum was announced by Dr. A. W. Fegly and the meeting proceeded with the business at hand.

Dr. P. E. Belknap read half of the report of the reference committee—that part dealing with the reports of the various standing committees. At the conclusion he moved, seconded by Dr. J. L. Lattimore, that his report be accepted. Motion carried. He then moved that the report of all committees, as such, be accepted. Motion carried.

Under special committees, Dr. B. A. Nelson gave a detailed report of the progress of the Kansas Physicians' Service. At a meeting of the Council held in Topeka on May 5, 1945, it was voted to proceed with incorporation. A meeting was held at that time of the incorporators, articles of incorporation were signed and a temporary board of directors was appointed. Immediately thereafter the board of directors held its first meeting and decided to start work on choosing the plan best suited to Kansas. It was moved by Dr. L. F. Barney, seconded by Dr. J. D. Colt, that this committee report be accepted. There was considerable discussion, questions were asked and Doctor Nelson answered them from the knowledge he has gained by studying other state plans. Motion carried, with one dissenting vote.

Dr. Harold H. Jones, chairman of the Committee on Postgraduate Education, reported a fund of over \$35,000 collected by the committee. Maps were distributed, showing the locations from which donations have been received for this fund. A brief summary was given of the answers to a questionnaire recently sent to all members in the service, inquiring as to post war plans, postgraduate work, future locations for practice, etc. A resolution was presented by Dr. A. W. Fegly, amended by Dr. H. N. Tihen, directing this committee to make arrangements, subject to the approval of the Council, for the distribution of postgraduate funds for training or subsidy of members returning from the service. Resolution adopted.

A brief report of the work of the Defense Board was given by Dr. L. S. Nelson.

Dr. W. M. Mills read the annual report of the Journal and introduced Miss Pauline Farrell, the new managing editor. As an expression of appreciation for the work of Doctor Mills as editor, bound copies covering the eleven years he has been editor of the Journal, were presented to him. Doctor Lattimore made a brief presentation speech.

The executive secretary's report was read by Mr. Oliver E. Ebel. It was moved by Dr. J. F. Gsell, seconded by Dr. J. W. Randell, that this report be accepted. Motion carried.

The constitutional secretary's report, describing activity of the AMA in connection with proposed assistance in locating physicians returning from military service, and including a report on membership, was presented by Dr. F. R. Croson. He also reported the status of 1945 membership as follows:

Paid memberships.....	1020
Honorary memberships.....	67
Service memberships.....	353
Total .....	1440

There are nine members who still owe more than one year's dues and 68 who owe for 1945 dues. Moved by Dr. J. W. Randell, seconded by Dr. Thomas Dechairo that this report be accepted. Motion carried.

Senator A. J. Herrod of Kansas City was a visitor and was introduced to the House of Delegates as a very good friend of medicine.

The treasurer's report was submitted by Dr. J. L. Lattimore. This report is on file in the executive office and available at all times for examination. He announced that for the first time a definite budget was set up and followed. Because of several unforeseen expenses which occurred, this budget was exceeded by \$67.35. It was moved by Doctor Croson, seconded by Doctor Dechairo, that this report be accepted. Motion carried.

Dr. J. F. Hassig reported on the annual meeting of the AMA last June in Chicago. Present at that meeting were 170 delegates out of 175, the five absent ones being from territories involved in the war, from which transportation was impracticable. Probably the most important result of that meeting was the recommendation that the Children's Bureau be taken out of the Department of Labor and put into the hands of the Public Health Bureau. The other important recommendation was that an effort be made to create a new Department of Health in the president's cabinet to take care of all health activities of the Children's Bureau and Public Health Bureau. It was moved by Doctor Lattimore, seconded by Doctor Croson, that the report be accepted. Motion carried.

Doctor Trueheart then gave his message as retiring president. He said, in part, that he desired to thank all officers, committee members and chairmen for the support they have given him and without which he would have been helpless. He expressed disappointment that he had not been able to celebrate the 25th anniversary of Dr. George M. Gray as treasurer of the society. Unfortunately, Doctor Gray suffered an accident which was so serious that he felt he could not finish his 25 years. Doctor Trueheart had looked forward to this event and was sorry it could not be accomplished.

Among the activities of the past year he mentioned the following: the Medical Service Plan, a new committee on Expert Testimony of which Dr. C. E. Joss is chairman, and the legislative policy which occupied a good deal of his time. It was moved by Doctor Lattimore, seconded by Doctor Croson, that this message and report be accepted. Motion carried.

Dr. W. P. Callahan's message as incoming president was the next order of business. He expressed his gratitude to the society for electing him to the presidency and outlined several projects which will be undertaken. The Kansas Physicians' Service is probably the most important of these. The Public Policy Committee will be enlarged and a sub-committee appointed to relieve the councilors of some of the burden of their work in visiting the districts. If a unified program is to be achieved, he feels that every county must be covered.

In Doctor Callahan's opinion, the younger men of the Society must be given more work to do. It is his hope that some of the men returning from the service can be persuaded to take an active part in Society work. The post-graduate fund is lagging and he urged every member who has not given to this worthwhile project to do so.

Doctor Callahan admitted that he would need a lot of

assistance and said that he wants to feel free to call on any member to help him, whether he knows him or not. It is his desire to carry on the work of the Society as well as possible.

Doctor Tihen then suggested that flowers, together with a message of love and affection, be sent to Dr. George M. Gray, former treasurer, and to Dr. E. D. Ebright, past president, who is gravely ill in Wichita. This was approved.

Under new business, Mr. Kirke Dale was asked to discuss the tax problem of county societies. He introduced this only and further discussion was postponed until the second session.

A resolution regarding acceptance of certain members into county societies was presented by Dr. H. L. Chambers of Lawrence. This also was postponed until the second session.

Upon motion of Dr. O. W. Davidson, seconded and carried, adjournment followed.

## SECOND SESSION

The second session of the House of Delegates convened at 2:00 p.m. on Sunday, May 6, 1945, at the Hotel Jayhawk in Topeka.

Since Dr. C. R. Rombold had been absent at the morning session he was asked to give the report of the Reference Committee on Councilor activities. Dr. L. S. Nelson moved, seconded by Doctor Mills, that the report be accepted. Motion carried.

Under unfinished business the resolution presented by Doctor Chambers was again read by Mrs. Foster. There being no second, the resolution was not adopted.

Mr. Kirke Dale was asked to report on the status of county societies in regard to taxation. He stated that this law has been on the statutes since 1936 but apparently there has never been much of an effort on the part of the Department of Internal Revenue to enforce it until now.

Mr. Dale began the discussion by referring to the Act of Incorporation granted the Kansas Medical Society by the territorial legislature in 1859 and stated this was an unusual document in that it gave to the Kansas Medical Society perpetual existence with all the rights in law and equity that an individual has. Apparently county societies originally received their charters from the state society but since many of these have been mislaid and because of the general confusion that exists over this matter there was no agreement in the type of answers supplied by the county societies.

Exemption from taxation for a medical society would probably be given under one of two sections of the Internal Revenue Code No. 101. The first is section 6 which establishes exemption for scientific organizations and various others provided "no part of the net earnings of which inures to the benefit of any private shareholder or individual and no substantial part of the activities of which is carrying on propaganda or otherwise attempting to influence legislation."

The other section is No. 7 which provides exemption for service organizations such as chambers of commerce, etc. Under this classification the latitude regarding legislative activities is considerably greater. He recalled that the Kansas Medical Society is exempt under 101(7).

The county societies experienced no difficulty until the advent of the social security plan in Kansas. Subsequent to that, contracts were made with the various county welfare boards and approved by the state welfare board, whereby in some instances, the county medical society, as such, entered into a contract with the county welfare

board to render certain professional services to the indigent at a certain price per case. In other counties the doctors individually made the same type of contract. Apparently when the question of tax exemption came up, practically every county society made an application for exemption under the theory that they were exempt under 101(6). The end result of that was that in those counties, generally speaking, where the contract was made by the society as such, with the county welfare board, the Department held that they were not tax exempt. They predicated this opinion on the fact that the society, as such, made the contract with the county welfare board, that the fees paid the county societies by the welfare board were income even though those fees were subsequently paid to the participating physicians. In those counties where the physicians themselves made the contract with the welfare board, the Department held that was a contract between the physician and the welfare board and under those circumstances, the money paid by the welfare board to the individual physician was not taxable income as far as the medical society is concerned.

There has been more or less confusion and there is some uncertainty by reason of the types of applications sent in by the county societies. That is, no two county societies have designated and specified the purpose for which they operate, in the same language. There is no over-all rule that will apply to each and every society. After a conference between Mr. Dale, Mr. Bever, a tax attorney, and the Kansas Collector of Internal Revenue, the following conclusion was reached: in some instances, county societies have incorporated under the Kansas law. Mr. Dale is inclined to believe from the tax standpoint that might be a mistake and it might be advisable for the counties which hold independent charters from the state to surrender them. Perhaps every county society which now holds a contract with the county welfare board should surrender it and new contracts should be made by the individual doctors. He thinks the same purpose can be accomplished in that the individual doctors who make the contract with the welfare board can specify some individual to act in the capacity of agent to do the same work that the present secretary of the medical society is doing, even in those counties where there is a full time secretary.

Neither Mr. Dale nor Mr. Bever thinks that the fees collected from the welfare board and paid to the county society and then immediately disbursed to the participating doctors are taxable income. However, the Internal Revenue director has stated that it is taxable income. Therefore, if he maintains his position and the societies maintain theirs, litigation may be necessary to get it finally determined. He does not recommend litigation by any county society.

Mr. Dale feels that in order to regain the status once held in the eyes of the Department of Internal Revenue these county societies are going to have to back up, reorganize properly and undoubtedly change the contracts which they have with the county welfare boards into the form of individual contracts, then file a new application for exemption under 101(6). If that were denied, then he thinks they should file under 101(7). That is his advice to the various counties that want to eliminate future difficulty. Mr. Dale felt that the By-laws and Constitution of the Kansas Medical Society need to be looked over with some scrutiny.

This should be remembered: the problem of each county society is a separate problem and there is no general rule that covers all the county societies. The cases are determined on an individual basis and that, together with the different kinds of information furnished, is one of the reasons why

there are some apparent inconsistencies in the rulings of the Department in Washington.

Also under the heading of unfinished business, Doctor Fegtly stated that an amendment was asked by the Council to list the newly formed committee on Expert Testimony as a standing committee. The request came late and the amendment was hurriedly prepared and printed in the Journal but there are a few changes. He asked if the House of Delegates wanted to vote on it at this session or leave it until another session, when it would be in perfect order. Doctor Trueheart stated that if there were no objections it would be postponed. There were no objections.

There being no other unfinished business the election of officers was the next item on the agenda. The following officers were elected: president elect, Dr. W. M. Mills; first vice president, Dr. L. S. Nelson; second vice president, Dr. O. W. Davidson; secretary, Dr. F. R. Croson; treasurer, Dr. J. L. Latimore; AMA delegate for 1946 and 1947, Dr. F. L. Loveland. The following councilors were elected: Dr. R. T. Nichols in District 1, Dr. L. G. Allen in District 2, Dr. R. R. Cave in District 7 (second term) and Dr. Ben F. Mayer in District 8 (second term).

Doctor Trueheart announced that there would be a meeting of the new council immediately after the close of the House of Delegates.

Dr. W. P. Callahan, the new president, was installed. There being no further business, the meeting adjourned.

## EXECUTIVE OFFICE

*Editor's Note—Below are excerpts of the report read by the executive secretary before the House of Delegates at the 86th annual session held in Topeka on May 6, 1945.*

Today, the Society faces new responsibilities of vast scope, the implications of which we have hardly begun to realize. Your acceptance of these programs is a tribute to your confidence in the future. By your action you have illustrated the vitality of the Kansas Medical Society. You have discarded reactionary defenses in favor of constructive policies, even though the course was previously unexplored.

Given a choice, you selected to improve your situation rather than continue a frenzied and sometimes compromising struggle for existence. The Society is to be congratulated for its courage but the test will arrive when your new plans are put into action. It is then that support from all members is required—a support that is something apart from passive acceptance. This represents active and enthusiastic participation. We know this is not easy but the programs you adopted need your assistance for success and for that reason this report dwells on those subjects.

### POSTGRADUATE FUND

A year ago this body voted to raise a fund of \$100,000.00 through voluntary contributions as an expression of appreciation to the members who have left their practice and their homes to serve with the Armed Forces.

You have begun to give this money but the goal is still very far away. If all Kansas medical officers should be released today and if all of them should request assistance in postgraduate study, there would be about \$75.00 for each.

During the coming year this fund will be put to use. Your decision will determine the type of service to be given. Your influence will direct the future of the Graduate School of Medicine at Kansas University. The post-war civilian

plans for graduate education, the short, intensive circuit courses are all part of this over-all program. Your plan expresses the ideal that graduate education shall be made available to all Kansas doctors. You have decided that the Kansas Medical Society shall take the initiative in this work. It is now our obligation to cooperate with this committee thereby assuring ourselves of a sound program that will be successful.

### KANSAS PHYSICIANS' SERVICE

Another venture into the unknown is the Kansas Physicians' Service. This also began some time ago but will achieve reality this year. The Kansas Physicians' Service is your answer to the echoing demand for a socialized form of medicine. It is your contribution to the people of Kansas, assuring them all good medical care. It is your project.

Perhaps never before has the Kansas Medical Society sponsored a program of equal importance. No society activity has so directly been taken to all the people of the state. None has ever been more completely dependent upon the support of all doctors.

Your enrollment as participating physicians represents your personal endorsement of the program. It will inspire confidence in the layman who looks to you for direction in the economics of medicine as well as in its application. Your active, enthusiastic support will insure success for the Kansas Physicians' Service. As a result then, the patient will be pleased, you will be rewarded and the medical profession will gain enormously in the matter of good will.

### PUBLIC RELATIONS

And now comes the subject of public relations. This great and largely unexplored field offers tremendous opportunities. It begins with the individual physician and his professional services. It spreads as he becomes identified in the community as a leader in civic affairs. It is immeasurably aided by the county medical society whenever all doctors unite to provide a benefit for the community.

On the state level we hope to increase our effectiveness in this field. The Kansas Medical Society, in the eyes of the layman, is Kansas medicine. What we foster, the layman presumes you foster; what we say, the layman believes to be your opinion. We therefore plan to extend your voice through the radio and the press to interpret the services medicine has to offer. We hope to have all people know that your interests are the interests of the people of Kansas and that the Medical Society is here for service.

We, Mrs. Foster, Miss Farrell, Miss Neel and I, in the executive office, wish to thank the officers, committee chairmen and all members for their kind assistance on many occasions, for their understanding when we have made mistakes, and for the time they have given to the Society. This year has been remarkable according to any standards but more so when viewed according to the difficulties that arose. The projects mentioned above are the result of last year's work. Now in the future, these must be carried into reality.

We of the executive office welcome the opportunity we have been given to serve you. It is our sincerest wish that these efforts may be of value and that under your direction we may experience a profitable year which will leave the Society strong, even more closely united, and in the eyes of the public of greater service than it has ever been before.

Unlike senility, cancer attacks the young much more frequently than is commonly realized and it plays the greater havoc the younger the subject.—Bulletin of the American Cancer Society, Inc.

## President's Message

*To the Members of the Kansas Medical Society:*

A meeting of the House of Delegates was held Sunday, May sixth. At that time I had the honor of assuming the office of the presidency. I accept this office, realizing full well the responsibilities which it carries and further realizing that the officers alone cannot make a success of the work of the Society. It will be only as successful as each individual member will help us to make it. During my term of office I will call upon a great many of you for help and assistance and, with your cooperation, I hope to continue the good work of our retiring president, Dr. Marion Trueheart. He carried the Society through a difficult legislative year. For overcoming innumerable difficulties, for his untiring efforts, and for making endless sacrifices we owe Dr. Trueheart a great debt of gratitude.

At this time the House of Delegates held an all-day session to formulate plans for the coming year. Among the most important of these was the organization of the Kansas Physicians' Service, our own insurance company. The enabling act has been passed and will shortly become a law. The problem now before us is to work out details such as premium rates, physicians' fees, and other important matters. We must attempt to set up fee schedules that will be fair to all doctors and to all different branches of medicine, basing these upon the committee's suggestions. Much time has been spent on this project by the committee and we feel deeply indebted to its members.

The House of Delegates also considered plans for the operation of our Postgraduate Medical Education Fund. There has been considerable misunderstanding in regard to the operation of this Fund. The Postgraduate Fund committee has had many meetings throughout the state and, in some instances, met with poor response. It must be made clear that this Fund is for the returned men. It is our endeavor to allot an adequate amount to each man for his refresher course, wherever he may choose to take it. We must not fail to help these men and to give them every assistance. I feel confident that when you realize the ideals of this project you will not hesitate to mail your check if you have not already done so.

Numerous other legislative and political problems are in the offing. With state medicine in its varied forms approaching ever nearer, we must be more and more on the alert to safeguard the interests so dear to all of us. In the past, the reins of the Medical Society have been held primarily by the older doctors. It is their desire that the younger men at home and those returning from the service will familiarize themselves with the affairs of the Society and, in the near future, take over many of its transactions. The older doctors will still be happy to give of their time and energy, but it is important that the younger members take a more active interest in questions which are especially vital to them. It is only by the united efforts of all that we can safeguard the interests of medicine.

Yours very truly,



W. P. Callahan, M.D.

## Editorials

### KANSAS PHYSICIANS' SERVICE

Kansas Physicians' Service has become a corporate entity. By virtue of authority granted in the recently enacted Non-Profit Medical Service Corporation Act, the corporation was formed in Topeka on May 5 and the primary phase of organizing the medical service plan for the people of Kansas was completed.

Results of the two years of research by the Committee on Medical Economics, presented in the form of a tentative plan based upon study of the plans now operating successfully under medical society sponsor-

ships, were approved by the Board of Councilors and recommended for adoption. By executive order of our president, a group of incorporators was formed from the entire membership of the council, including also the new president and president-elect and the chairman of the Committee on Medical Economics. After completion of the legal steps toward organization of the corporation and preparation and adoption of the necessary documents to file for a charter, the incorporators met as the temporary Board of Directors and elected the following officers: Dr. Barrett A. Nelson, president; Dr. John L. Lattimore, vice

president; Dr. W. M. Mills, secretary-treasurer; Oliver E. Ebel, executive vice president. Within 60 days the temporary Board must have obtained nominations from each county medical society and a permanent Board of Directors shall be elected with representation from each councilor district.

The council-approved plan, subsequently endorsed by the House of Delegates, follows closely the directives laid down by the 1944 House of Delegates when it acted on the preliminary report of the committee. It provides medical services for the more serious illnesses, surgical services including fractures and dislocations, obstetrical services, and limited diagnostic x-ray services. Complete coverage is offered to the lower income groups of surgical and obstetrical services, with payment of benefits to be applied as indemnities against the usual and ordinary fees charged by any physician for those in the upper income levels. Strict adherence is maintained to continuance of the time-tested patient-physician relationships. There is completely free choice of physician. Any physician is free to accept or reject any patient, as always. No effort or suggestion is made to change any phase or detail of the physician's position with respect to his patient, except to offer a proven method of aiding the patient to obtain his services in a manner relieved of the financial stresses of our present fee-for-service system.

The plan is based on a Schedule of Benefits carefully selected after consideration of wide experience. It is believed to offer the average fees charged to patients of the so-called middle class, reduced by approximated credit losses and collection costs. This schedule then makes possible the offering of this saving to the patient at the same time rendering the physician his usual return, free from the uncertainties, worries and harassment of his former methods of charging and collecting for his services.

In a broader sense the plan fills an even more important, a sociological role. Under our plan the people of Kansas are offered a better, more readily obtainable, and an expanded medical service. Just as hospital service has become accessible to many from whom it was denied before Blue Cross plans came into effect (even to the point of over-crowding hospitals and making expansion of hospital facilities necessary) so now it will follow that the highest type and quality of medical and surgical services shall be available to large numbers whose economic status formerly restricted their ability to obtain such services.

Kansas medicine has asked for the opportunity to offer its answer to the widespread demands for a method to relieve the economic burdens of sickness through a method of budgeting payments. Kansas

medicine, convinced that the interests of the patient can best be served by vesting control of such proposals in the medical profession, has galvanized its beliefs into action and proposes to prove that we offer a better, more acceptable, more American method, in a non-compulsory, voluntary, non-profit plan which pays cash dividends to no one, protects the interest of the patient, is free from political interference and coercion and cannot be used to wield political influence or win political favor, not to mention siphon off to political or other purposes large fractions of the patient's medical dollar instead of converting that dollar directly into the medical service for which it was intended.

To bring the benefits of the plan to full fruition will require gradual growth and some time. Expansion must be on sound principles with gradual adjustment and re-adjustment to fit the peculiar needs of our own notably individualistic population. Further, and of vital importance, complete success requires full co-operation of our society membership. Kansas Physicians' Service is merely the agent for the participating physician, contracting for him with the patient. It is the participating physician who offers the service, who is behind the plan and who guarantees its effectiveness and success. Success of the plan depends entirely on the prompt and complete co-operation and support of every member of the Kansas Medical Society.

Participating Physician's Agreements will shortly be in the hands of every county society secretary, together with copies of the By-laws of the corporation, and the Subscription Agreement which sets forth the benefits to be provided and all attendant conditions. These have been carefully considered and approved by our Committee on Medical Economics, our Board of Councilors and the state society officers. They will be subject to administration and effective use as well as reconsideration and revision from time to time, by the Board of Directors which represents every councilor district. The Board of Directors can act effectively only if it is backed by the full membership. It is imperative, therefore, that each Participating Physician's Agreement be promptly signed and returned to the Topeka office.

Delaware boasts that 98 per cent of her doctors are signed up as participating physicians. Give that kind of support to Kansas Physicians' Service and it can only succeed in fully accomplishing all the objectives it has raised, confident with complete faith in the fundamental soundness of the principles upon which it is founded.—Barrett A. Nelson, M.D., *President, Kansas Physicians' Service.*



BUY WAR BONDS FIRST



## IMMUNE SERUM GLOBULIN

Immune serum globulin for the prevention and modification of measles is now being distributed for civilian use by the American Red Cross, Chairman Basil O'Connor announced recently. The expense of processing and distributing the material is being met by the Red Cross.

The immune serum globulin is derived from blood collected by the American Red Cross as a by-product in the processing of serum albumin, which is used by the armed forces. There is now more immune globulin available than is needed for military use, according to O'Connor. The navy, under whose control it is being produced, has released the surplus of the crude material to the American Red Cross so that it can return to the people this valuable agent derived from the blood they have so generously given.

"This product of human blood, which has been developed through wartime medical research, is the most valuable agent known for the prevention or modification of measles when administered to a susceptible individual within five days after exposure to the disease," said O'Connor. "It is necessary to inject only a small amount under the skin to modify measles, while a somewhat larger amount has been found to be almost 100 per cent effective in preventing the development of measles in an exposed individual. The protection furnished by the immune serum globulin, while temporary in character, is of great value in controlling outbreaks and is preventing the dangerous complications of the disease."

The immune serum globulin will be supplied by the American Red Cross without charge to state and territorial health departments or local health departments where biologics are not supplied by the state. They, in turn, will distribute it without charge to physicians, hospitals, and clinics for administration in accordance with established standards and without any charge to the patient for the immune globulin.

## RE-REGISTRATION ANNOUNCEMENT

The Kansas State Board of Medical Registration and Examination will mail out re-registration notices about June 15, reports Dr. J. F. Hassig, secretary of the Board, who asks that physicians of the state make prompt payment of the one dollar fee. Receipts will be mailed after July 1. Payment may be made between July 1 and October 1, after which a penalty of five dollars is imposed by law for reinstatement.

Members of the Board are: Dr. C. E. Joss, president, Topeka; Dr. H. E. Haskins, Kingman; Dr. M. C. Ruble, Parsons; Dr. J. D. Colt, Jr., Manhattan; Dr. C. W. Jones, Olathe; Dr. G. R. Dean, McPherson; Dr. J. F. Hassig, Kansas City.

## ELECTION OF OFFICERS

The 86th annual session of the Kansas Medical Society was held in Topeka on May 6. Because of the O.D.T. request that conventions should be limited, only officers and official delegates were invited to attend. There was no scientific program or entertainment. Business was transacted in a one-day meeting, at which time officers were named to serve during the next fiscal year. Dr. W. P. Callahan, Wichita, was installed as president.

The following were elected: president elect, Dr. W. M. Mills, Topeka; first vice president, Dr. L. S. Nelson, Salina; second vice president, Dr. O. W. Davidson, Kansas City; secretary, Dr. F. R. Croson, Clay Center; treasurer, Dr. J. L. Lattimore, Topeka; AMA delegate, Dr. F. L. Loveland, Topeka.

Councilors R. R. Cave of the Seventh District and Ben F. Mayer of the Eighth District were named to succeed themselves. Dr. O. W. Davidson and Dr. J. W. Randell, having served two full terms, were not eligible for re-election. In their places were elected Dr. L. G. Allen, Kansas City, for the Second District, and Dr. R. T. Nichols, Hiawatha, for the First District.

## KANSAS PHYSICIANS' SERVICE

The council of the Kansas Medical Society approved tentative plans for the formation of the Kansas Physicians' Service at Topeka on May 5. On the same day a meeting of the incorporators and the temporary Board of Directors was held.

The Board of Directors elected the following officers of the new group: president, Dr. Barrett A. Nelson, Manhattan; vice president, Dr. J. L. Lattimore, Topeka; secretary-treasurer, Dr. W. M. Mills, Topeka; executive vice president, Oliver E. Ebel, Topeka.

Within 60 days a permanent Board of Directors will be elected after which the final preparations will be made and the sale of these benefits will be started through the Blue Cross.

## BOARD ANNOUNCES EXAMINATIONS

The American Board of Obstetrics and Gynecology, Inc., has announced that general oral and pathology examinations (Part II) for all candidates will be conducted at Atlantic City, New Jersey, by the Board from Wednesday, June 13, through Tuesday, June 19, 1945. The Hotel Shelburne in Atlantic City will be headquarters. Formal notice of the exact time of each candidate's examination will be sent him several weeks in advance of the examination dates. Hotel reservations may be made by writing direct to the hotel.

The Office of the Surgeon-General (U. S. Army) has issued instructions that men in service, eligible for Board examinations, be encouraged to apply and that they may request orders to detached duty for the purpose of taking these examinations whenever possible. Candidates in military or naval service are requested to keep the secretary's office informed of any change in address.

Deferment without time penalty under a waiver of the published regulations applying to civilian candidates will be granted if a candidate in service finds it impossible to proceed with the examinations of the Board.

Applications are now being received for the 1946 examinations. For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh (6), Pennsylvania.

## DEATH NOTICES

Dr. Samuel Murdock, Jr., 72, physician and surgeon of Sabetha, died at his home February 26. He was an active member of the Nemaha County Medical Society and Phi Beta Pi medical fraternity, and was a member of the American College of Surgeons and a fellow in the American Medical Association.

Dr. Murdock was graduated from the Kansas City Medical College in 1893, and first began practice in Oneida, where his father had been practicing for a number of years. He moved to Sabetha in 1903 and established a hospital a short time later. In 1911 the present St. Anthony Murdock Memorial hospital was built at a cost of \$120,000, and it has since been enlarged to accommodate 100 patients. The management of the hospital was turned over to the Sisters of St. Joseph as a gift in 1921, with Dr. Murdock remaining as head of staff.

Since he was primarily interested in surgery, Dr. Murdock spent some time in Europe in 1893 and 1910 attending surgical clinics and keeping abreast of surgical advancements.

Dr. Ugo A. D. Collelmo, 77, a physician in Frontenac for the past 38 years, died March 25 at his home. He was a member of the Crawford County Medical Society.

He was born at Viterbo, Italy, a member of the Italian royal family with the title of count. He received his medical education at the Royal university of Pavia, Italy, and practiced in Austria for two years. He later practiced in Carracus, Venezuela, and Bordeaux, France, and then Detroit Michigan. He began practice in Crawford county in 1907, remaining there until his death.

Dr. James W. Sparks, 67, who had practiced medicine in Kansas City, Kansas, for more than 40 years, died at Bethany hospital April 9. A graduate of the Southwest School of Medicine and Hospitals, Kansas City, Missouri, he was a fellow in the American Medical Association and a member of the Wyandotte County Medical Society.

Dr. Albert A. Krugg, 80, a practicing physician for almost a half-century, died at his home in Coffeyville February 17 after an extended illness.

Dr. Krugg began the study of medicine at the University of Ohio and was graduated from the Medico Chirurgical college at Kansas City, Missouri, in 1898. He practiced at Holyrood for a short time and then moved to Coffeyville, where he continued his practice except for an interruption during World War I when he served in the U. S. Volunteer Medical Service Corps. He was founder of the Coffeyville hospital, which was chartered in 1913.

Dr. Krugg was a member of the Montgomery County Medical Society and was also active in civic affairs in Coffeyville, having served as a member of

the city council and on the board of education. He wrote a book, "Facts and Fancies," which was published recently, telling of his fifty years in the field of medicine.

Dr. Hugh L. Charles, 54, surgeon at Atchison, died at his office April 13 as the result of a heart attack. He was an active member of the Atchison County Medical Society and a fellow in the American Medical Association.

After his graduation from the Chicago College of Medicine and Surgery in 1912, he began practice in Atchison, remaining there until his death except during World War I when he served in France as a major in the Medical Corps.

Dr. Joe Getty Reed, 31, who recently received a medical discharge after serving in the Army Medical Corps for two and a half years, died suddenly in Los Angeles, April 18. He had served as flight surgeon with the Air Force at Fort George Wright, Washington, and in New Guinea and the Dutch East Indies, returning to this country because of ill health.

A native of Larned, Dr. Reed attended Chicago University and the University of Kansas and served his internship at Robert Packer hospital, Sayre, Pennsylvania. While awaiting his assignment to active Army service, Dr. Reed assisted physicians in Larned and became a member of the Pawnee County Medical Society.

Dr. C. S. Trimble, 67, eye, ear, nose and throat specialist at Emporia for the past 31 years, died at St. Mary's hospital there March 16. He had been in poor health for several months and had been a hospital patient for four weeks.

Dr. Trimble was a member of the Lyon County Medical Society and the American Academy of Ophthalmology and Oto-Laryngology, and was a fellow in the American Medical Association. For 22 years he had been ophthalmologist for the Santa Fe.

Born in Iowa, he received his medical training in the Keokuk Medical College of Physicians and Surgeons, graduating in 1902. He was a general practitioner in Iowa for ten years, then spent two years in Chicago and Philadelphia taking special work in eye, ear, nose and throat work. He established his practice in Emporia in 1914. During World War I he served as an ophthalmologist at Camp Oglethorpe, Georgia, and Camp Taylor, Kentucky.

Dr. Theodore Clark, a practicing physician at Baldwin, died at his home there February 12 after a brief illness. He had formerly practiced in Overland Park and in Waverly.

Dr. Clark received his medical degree from Eclectic Medical university, Kansas City, in 1915, and was also graduated from the Kansas City College of Medicine and Surgery in 1920. He received his license to practice in 1916.

## EXAMINATIONS JUNE 26-27

Examinations will be held in Kansas City June 26 and 27 for candidates for licenses to practice medicine and surgery in Kansas, according to a recent announcement by Dr. J. F. Hassig, secretary of the Kansas State Board of Medical Registration and Examination.

## FELLOWSHIP EXAMINATIONS

Candidates for fellowship in the American College of Chest Physicians are asked to write immediately to the executive secretary of the College, 500 North Dearborn Street, Chicago 10. The next written examination for fellowship will be held at Chicago June 16.

## PSYCHIATRIC MEETING CANCELLED

The American Psychiatric Association, oldest medical society in America, has announced cancellation of its 101st annual meeting, which was to have been held in Chicago in May. It was the feeling of the Association that it would be the duty of the membership to comply with the request of the Office of Defense Transportation in the spirit of war cooperation.

## MATERNAL WELFARE IN KANSAS

To the membership of the Kansas Society of Obstetrics and Gynecology:

Kansas medicine can well be proud of its achievements in every field. The immediate problem and the interest of our society is maternal mortality. The Maternal Welfare Committee met February 18 in Topeka with all members present. Matters of general interest were considered with special emphasis on methods of further improvement. The Kansas Society of Obstetrics and Gynecology was born in the committee and lives for the purpose of improving the care of women and reducing mortality.

There will be no meeting of the Kansas Medical Society this year and it is not thought advisable to attempt a state meeting of our society. The officers and members are, however, admonished to retain their membership (dues, \$3.00, can be sent to Dr. Howard Clark, Wichita) and assume that our next meeting will be in conjunction with the state meeting of the Kansas Medical Society where and when it takes place.

It is extremely gratifying to note that maternal mortality in Kansas has declined from its recent high of 7.2 per 1,000 to 2.1 per 1,000. For many years Kansas ranked poorly in the nation. Now she stands close to the top with only a few more than a half dozen states ahead of her. The feeling of your committee and society officers is that we can make further improvement.

Dr. L. A. Calkins has repeatedly pointed out the accomplishments of mothers' classes in congested areas as in Jersey City, Brooklyn, and our own out-patient clinic in Kansas City. In army centers of our state, the USO has conducted classes for soldiers' wives with most valuable results. It is the judgment of the committee that a widespread project of this kind would be of great value to our state.

Information should be made as general as possible. We cannot establish classes in every county, but our individual membership can solicit the help of the school and the press, teachers, ministers, and clubs. If the interest of these agencies can be aroused, I believe that in two years Kansas

could rank first in the nation. May I suggest that our members talk to civic clubs, county commissioners, school teachers, ministers, and the press about maternal welfare.

We now have a well established program committee which will, if possible, furnish speakers to any Society in the state. Contact can be made by writing to Mr. Oliver E. Ebel, executive secretary of the Kansas Medical Society. —Sincerely yours, PORTER BROWN, M. D., *President*.

## DISTRIBUTION OF PENICILLIN

The Civilian Penicillin Distribution Unit of the War Production Board has announced that those who are unable to purchase sufficient supplies of penicillin through normal trade channels may order from its Chicago office. The orders will be filled as soon as possible after approval.

For the present the drug will be released in packages containing 100,000 units of sodium penicillin for human parenteral medication. Pharmaceutical products containing the drug will not be available until all requests for the parenteral product have been met.

The W.P.B. will allocate an additional supply of penicillin each month for sale through normal trade channels and suggests that purchases be planned accordingly.

## REFRESHER COURSES FOR MEDICAL OFFICERS

Army medical officers who have been occupied with administrative and other non-professional duties and who are to be assigned professional duties will be offered the opportunity to take refresher professional training under a new program just inaugurated by the Army Medical Department.

This training, which will be voluntary, will be open to members of the Medical Corps who, because of assignment to command, administrative or semi-professional positions have not engaged in the professional aspects of medical service during the past twelve months or more. Priority will be given those who have served overseas.

Requests for this training will be submitted through channels to The Surgeon General who will make assignments to the general and regional hospitals where the courses will be given. Officers selected will go on temporary duty for a period of not more than 12 weeks.

## 193,000 PINTS OF BLOOD FLOWN TO WOUNDED

Combined figures on East and West coast flights of whole blood to the war theaters reached 193,000 pints during March, according to the office of the Surgeon General. Since the start of the blood-flying program over the Atlantic last August, 150,000 pints of whole blood have been flown from the East Coast to the European theater. This service has made it possible for a wounded man to get blood within 24 hours after it was drawn from a donor here. Shipments now average about 1,200 pints a day—which provides transfusions for three to four hundred average cases.

Whole blood shipments being flown from the West Coast to the Pacific Ocean Area have totaled 43,000 pints since the inauguration of the service last November.

Continued donations of type "O" whole blood are necessary to maintain this life-saving service.

## MEN IN SERVICE

Dr. T. G. Dillon, Kansas City, who served as a member of the 77th evacuation hospital unit, addressed the members of the Wyandotte County Medical Assistants' Society at their meeting on February 27 and told of his experiences overseas. He also addressed St. Margaret's hospital alumnae on the same subject March 1.

A recent change of address from Dr. Alfred H. Hinshaw, formerly of the University of Kansas hospitals, showed his promotion from the rank of major to that of lieutenant colonel.

Capt. William E. Grove, Newton, member of a portable surgical unit in the Pacific area, was recently awarded the Bronze Star.

Dr. J. H. Kirkham, Wichita, has been promoted to the rank of lieutenant colonel, according to announcement from the office of the Surgeon General.

Lt. Col. Earl B. Ross, commanding officer of the 10th Field Hospital in the ETO, recently wrote a friend in Wichita, where he practiced before entering the service. "Time enough has passed that I may say that I didn't come up through Normandy. My approach was from the South and after a fine 'rat race' we met the other fellow coming our way. To give you an idea of our journey north, after hitting the beach my outfit moved some part of itself 28 times in 32 days. Now if you moved two operating rooms, an x-ray outfit, a laboratory, supplies, a kitchen, personnel and enough beds out of St. Francis hospital to keep eight or ten surgeons satisfied, you can imagine the fun.

"Incidentally, the hospital was recently awarded a Meritorious Service Plaque for their part in that campaign. Your writer, its C. O., came in for a Bronze Star award also, another case of one individual being honored for what the others did for him. They are a grand bunch, in whom I have the greatest of pride and confidence."

A recent promotion for Dr. John A. Grove of Newton, now engaged in orthopedic work in England, gives him the rank of lieutenant colonel.

Capt. H. L. Kirkpatrick, Topeka, in a recent letter to Dr. J. L. Lattimore, Topeka, told of the fight in the California legislature over a bill introduced by the Governor asking for state-controlled compulsory medical care. Capt. Kirkpatrick is now stationed at the Hamilton Field, California, Air Base.

In discussing his work he said, "It is a large hospital and I'm busy as a cat on a tin roof. I just hope that I'm left here long enough to get enough work that I will feel natural again. Several plane loads of evacuates from the Pacific are flown in daily. Those able to go on to general hospitals are moved in three to five days but we can hold most anything we think is not ready for travel."

Col. Lyle S. Powell, Lawrence, medical officer for a field headquarters of the Chinese Combat Command in South-Central China, was recently awarded the Bronze Star for meritorious service.

Capt. Clyde W. Miller, Wichita, who served overseas for more than a year, recently enjoyed a leave in Wichita and later reported to Hot Springs, Arkansas, for further assignment.

Dr. Arthur S. Anderson, Lawrence, who served as team physician for all sports at Kansas university several years ago, is now a major in the Army Medical Corps. Parts of a letter he wrote to "Phog" Allen at K. U., originally printed in a newsletter for servicemen from the vicinity, are as follows: "Have had a lot of chasing around in the past year and a half. The Caribbean, Central and South America, Africa, Egypt, Arabia, India, Burma, China, Australia, Panama, and what not..... The post had an ever-victorious football team and naturally I was tagging along as the Doc. All the players were from the South Pacific, all had had malaria, and most of them had been wounded from one to four times. I was proud to tag along with such a gang. We played Junior College League teams and it was interesting to note that our gang, that had been killing Japs with their hands, played a lot cleaner than the pure and unsullied children in the opposition..... Saw some action in China, and that is a feat as there is but little of it to see out there. Was in Burma when Herrill's outfit moved in. This is the first medicine I have seen for two years. In China I was teaching mule-packing and the care and feeding of the Tommy gun. Was recommended for a 'purty' for heroism in fighting a rear guard action, but will no doubt end up by being fined for hunting without a license as a medico should shed comfort and not ammunition."

Lt. Comdr. L. E. Eckles, who has been stationed at the Great Lakes Training Station for the past two years, has been transferred to the Navy Department at Washington, Section of Infectious Disease, Division of Preventive Medicine, Bureau of Medicine and Surgery.

### OFFICERS COMPLETE NEURO-PSYCHIATRY COURSE

A class of 121 medical officers who had completed a three months' course in military neuropsychiatry were graduated from Mason General Hospital, Long Island, N. Y., Columbia University and New York University recently. These men will be assigned to various neuropsychiatric posts for hospital experience before being sent overseas. A new class of 101 medical officers has begun work at Mason General Hospital.

### COMBAT BADGE FOR MEDICAL PERSONNEL

A special badge has been authorized for Medical Department personnel who daily share with the infantry the hazards and hardships of combat. Made of silver, the medical badge is elliptical in shape with the caduceus and the Geneva Cross superimposed on a litter surrounded by a wreath of oak leaves. It is to be worn on the left breast above decorations and service ribbons.

The badge was established in recognition of "the important role being performed by medical personnel on duty with infantry units, especially infantry battalions." Enlisted and officer personnel below field grade (major) and regimental surgeons regardless of rank are eligible for the badge if they have seen combat service with the infantry since December 7, 1941.

## COUNTY SOCIETIES

Members of the Geary County Medical Society were hosts to the Golden Belt Society at a business and scientific meeting held at Junction City on April 5. Dr. George W. Brethour, Dwight, was elected president; Dr. Fred Harvey, Minneapolis, vice president; Dr. Daniel Petersen, Herington, secretary.

Capt. E. R. Hodson of the Smoky Hill Air Base, Salina, spoke on "Considerations in Psychosomatic Medicine," and Dr. Charles C. Dennie, Kansas City, Missouri, discussed "Pitfalls Regarding the Use of Penicillin." A paper on "Epidemic Streptococcal Diseases" was given by Major Isadore Pilot, chief of the laboratory service at the Fort Riley regional hospital. Dr. John Latimore, Topeka, discussed "Determination of the Rh Factor."

The Sumner County Society met March 15 with three visitors present, Dr. H. L. Hiebert, Topeka; Lt. Wagner, statistician for the Public Health Service, Topeka; and Dr. F. A. Kelley of Winfield. Dr. Hiebert discussed control of tuberculosis and offered the services of that branch of the State Board of Health in taking x-rays in the county, and Dr. Kelley explained the tuberculosis work carried on in his locality. Dr. J. Allen Howell, Wellington, a flight surgeon, gave a short talk on his work.

The quarterly meeting of the Central Kansas Society was held March 15 at the Ellsworth country club. Dr. J. P. Berger of Wichita spoke on "Fungal Diseases of the Skin," and Dr. Robert Maxwell, Wichita, discussed "The Toxemias of Pregnancy."

The Cowley County Society met March 15 in Arkansas City. Dr. H. O. Loyd presented a program on "Meningeal Disease," with discussion by Dr. N. B. Fall, Dr. R. L. Ferguson and Dr. C. T. Ralls.

Dr. R. C. Leinbach, Onaga, was elected president of the Pottawatomie County Society at a meeting held April 9 at the office of Dr. Benjamin Brunner, Wamego. Dr. Brunner was chosen to serve as secretary of the group. All of the physicians of the county were present at the meeting.

The Nemaha County Society met April 17 at the home of Dr. and Mrs. H. P. Gray. A turkey dinner was served to members of the society and their wives, after which the doctors held a business session and members of the Auxiliary held their monthly business meeting.

## JOURNAL ARTICLE REPRINTED

An article which originally appeared in the January issue of the Journal of the Kansas Medical Society, "Cancer Education for the Layman," by Dr. C. C. Nesselrode, Kansas City, was reprinted in the February issue of the Bulletin of the American Society for the Control of Cancer.

## MEMORIAL TO DR. IRVING

The New York State Journal of Medicine in its April issue published a memorial to its late editor, Dr. Peter Irving, who was also secretary and general manager of the state society. An outstanding medical editor, he was

always a prominent figure at the annual conference of secretaries and editors.

## MAXILLO-FACIAL INJURIES

A survey of the North African and Sicilian campaigns showed that of the total admissions to hospitals, 0.5 per cent were for maxillo-facial injuries. Of these, 42 per cent were battle casualties.

The incidence of maxillo-facial injuries compared to total battle casualties was about 2.2 per cent. In the cases reported, there were no deaths caused primarily by battle-incurred maxillo-facial injury.

## COLONEL MENNINGER ADDRESSES FORUM

Colonel William C. Menninger, chief consultant in psychiatry to the Surgeon General, was the featured speaker at the "Mental Health in Wartime" forum, the first of a series to be held by the Washington (D.C.) Metropolitan Health Council. He stressed the fact that neuropsychiatric service in the Army provides not only treatment opportunities but preventive measures. He expressed the hope that popular understanding of psychiatry would "eventually dispel the clouds of mystery and the irrational stigmatization of those afflicted with emotional illness, and bring about a public demand for the application of psychiatric principles to our legal, our educational, our political and our medical practices."

## "FAITH AND GUTS"

From the 100th Division in France has come a story of the "faith and guts" of two medical officers and an aid man. Twice one night the aidman, Pfc. Julius Shocke, of Charlevoix, Mich., had attempted to reach a casualty, but German machine gun fire raked the intervening terrain. Later Shocke was joined by Captain James F. X. O'Rourke, MC, of New York City, battalion surgeon, and First Lieutenant Leonard E. Coplen, MAC, of Newton, Mass. The three boldly walked out in the daylight and covered 300 yards under German observation while the men in foxholes held their breath. At the edge of some weeds they were stopped by a German gunner. "We are from the Medical Corps and we have come for the wounded man," they told him. After a short wait, several Germans appeared carrying the body of the man they had sought to rescue. "You have great courage," said one of the Germans as the medical men started back with their burden.

## GLIDERS CARRY WOUNDED TO HOSPITALS

A glider service was inaugurated in the European Theater during March to evacuate our wounded from Remagen. Observers reported that the shock incident to being "snatched" into the air was absorbed by an improved towing device. It is now possible that gliders may almost eliminate ambulances for hauling our battle casualties long distances over shell-torn roads, giving them a faster, smoother ride to the hospital.

The gliders serve a dual purpose. Coming in to the battle area they can carry twelve litter patients or nineteen walking wounded.

Ambulance gliders were first used experimentally by the British in Burma and New Guinea.

## MEMBERS

Dr. L. S. Nelson, Salina, has been appointed to a three-year term on the Kansas Board of Health, succeeding Dr. G. A. Leslie, McDonald, who recently moved to Colorado.

Dr. Frederick W. Matassarín, Wichita, a major in the Army Medical Corps, is the author of a paper, "Embryonal Adenocarcinoma of the Testicle in an Infant," which appeared in the December issue of the Journal of Urology.

Dr. H. S. Foutz has been released from the Army and is returning to his practice in Minneapolis.

Dr. Karl Menninger, Topeka, recently visited the Mayo Clinic and studied a number of general medical and surgical cases from the standpoint of a psychiatrist. In addition, he did some teaching and gave one of the Foundation lectures to the entire staff.

Dr. H. R. Goshorn closed his office in Alton last month and moved to Kansas City, Kansas, where he is now practicing.

Dr. C. M. Alderson, recently released from the Army Medical Corps, has reopened his office in Dodge City.

Dr. Robert F. Pfuetze, Topeka, whose paper on "Fetal Asphyxiation" was printed in the October issue of the Kansas Journal, was honored recently when the article was reprinted in The Medical World.

Dr. F. A. Trump, Ottawa, was elected president of the Kansas Tuberculosis and Health association at a meeting of the board of directors held late in March.

Dr. Charles F. Taylor, superintendent of the Norton sanatorium, was honored by the Norton Chamber of Commerce at a dinner held March 19 as an expression of appreciation for his work there during the past 15 years.

Dr. Cleo D. Bell, who served as a captain in the Army Medical Corps for several years, most of the time in the Aleutians, has been released from service and is returning to his practice in Pittsburg.

Dr. Paul R. Ensign, former city-county health officer in Boise, Idaho, recently took over his duties as director of the Division of Maternal and Child Health, Kansas State Board of Health.

Dr. Ernest Tippin and Dr. Claude C. Tucker, both of Wichita, were guest speakers at a recent meeting of the Rice County Medical Society.

Dr. George D. Marshall, Colby, recently soloed for the first time and has become co-owner of an Aeronca trainer plane.

Dr. L. F. Bowman, Wichita, addressed the Cosmopolitan club at Wichita recently on his work as Sedgwick county coroner.

Dr. Orville S. Walters, Buhler, is the author of an article, "Possible Transmission Factors in Poliomyelitis," which was abstracted in the Yearbook of Pediatrics and the Journal of Nervous and Mental Disease. The article was first printed in the Kansas Journal last May.

Dr. W. A. Heap, Mulvane, has retired from practice and will move to a ranch at Albuquerque, N. M., to devote his time to raising polo ponies and Palomino horses.

Dr. L. B. Mellott has reopened his office in Bonner Springs after an absence of three years while he was affiliated with the National Health Service.

Dr. Robert F. Harp, who has been practicing in Guymon, Oklahoma, for several years, has opened an office at Little River.

Dr. Clara Johns, formerly of Topeka, has recently been appointed health officer for Johnson county.

## NEW MODERATOR FOR FEDERATION

The Reverend Alphonse M. Schwitalla, S. J., president of the Catholic Hospital association of the United States and Canada and dean of the St. Louis University School of Medicine, will assume moderatorship of the Federation of Catholic Physicians' Guilds and will be editor of its journal, the Linacre Quarterly, according to announcement made recently by the Federation.

## SCHOLARSHIPS IN PHYSICAL THERAPY

Scholarships for training in physical therapy under the \$1,267,600 program of the National Foundation for Infantile Paralysis are available immediately for classes beginning in June and July, the Foundation has announced. These scholarships are for nine to twelve months' courses in approved schools of physical therapy and will cover tuition and maintenance in accordance with the student's needs.

## ENGLISH FIRST IN PHARMACOPOEIA

For the first time in the U. S. Pharmacopoeia, in the issue scheduled for publication in December, the English language will take precedence over Latin. Advocates of the plan to list English names of drugs first, followed by Latin names, have discussed the matter in the U.S.P. Committee of Revision for the past six years. The U. S. Pharmacopoeia was first published in the 1820's and has been revised at ten-year intervals since that time.

In discussing the use and abuse of vitamins, J. M. Ruffin makes the following summary (Nutrition Rev. 2: 353-1944):

"1. Vitamin therapy is definitely indicated in patients having objective evidence of a deficiency state, but should always supplement dietary treatment, never replace it.

"2. Vitamin therapy is useful in preventing the development of secondary deficiencies in chronic wasting diseases and pre- and postoperative medical care.

"3. In the absence of organic disease, the individual who consumes a diet, adequate in calories, consisting of fruits, milk, eggs, a variety of meats, and green vegetables does not need additional vitamins.

"4. Vague symptoms such as weakness, fatigability, insomnia, nervousness, and irritability are more apt to be due to overwork, nervous tension, or to social, domestic, or financial difficulties than to a vitamin deficiency.

"5. For the most part, prolonged vitamin therapy in the absence of obvious disease is useless."

## THE TIRED PATIENT

One might describe Dr. Walter C. Alvarez of the Mayo Clinic as "the family doctor to physicians." For a number of years he has gone up and down the country talking in his homely manner to medical societies about functional disorders. His understanding of human beings and his sympathetic but common sense approach to their frailties have been an inspiration to all physicians who have had the good fortune of hearing him.

Last May he addressed the West Virginia State Medical Association on the subject, "What Is the Matter with the Patient Who Is Always Tired?" Dr. Alvarez was right in his element in discussing this subject.

"Every day I see tired persons who have been through several overhauls and have been told that the cause of their troubles has been found in a dropped stomach, or a spastic colon, or gastritis, but usually these diagnoses have failed to help the situation and they look to me like placebos. Sometimes, of course, we physicians find something that is definitely wrong, like amebas in the stool, but even then we will not have uncovered the 'cause,' as shown by the fact that after the parasites are all killed with drugs the patient goes on just as miserable as he or she was before. As I say, the amebas were parasites and it was good to get rid of them, but they were doing the patient about as much harm as so many fleas. There were not enough of them, and they were not causing the symptoms complained of.

"Often we explore the abdomen and take out an appendix, or maybe a gallbladder that empties a little slowly; we take out teeth and tonsils, we give a lot of 'shots,' and what happens? The patient goes to another clinic and gets overhauled all over again. She pays another good-sized fee, she gets another placebo of diagnosis, and she has some treatment for this. Later she goes to another clinic and all is done over again, regardless of the fact that most of these persons can ill afford the great expense, and most physicians can ill afford to waste the time. With the best of intentions, we of the medical profession are evidently giving many of our tired patients a raw deal; we are not giving them much for their money, and worse yet, too often in our desperate efforts to help them, we hurt them. Whenever we perform a futile operation on some nervous, frail little woman, who can ill afford to pay even the hospital expenses, we have not practiced good medicine."

Coming down to the cases on the characteristics of fatigue of psychiatric origin, Dr. Alvarez says, "Often one can tell right off that a person's fatigue is due purely to a nervous inheritance. Characteristically, this type of distress is present in the morning; the patient wakes with it and it wears off gradually in the late afternoon. Particularly when a person has a neurotic ancestry, there may be days when he will wake feeling so depressed and miserable that he will wonder how he can find strength to get up and face the day. About three or four o'clock in the afternoon he will begin to feel better, and about ten o'clock at night he may feel like 'going places.' Obviously, such fatigue is not due to a hard day's work. If it were, it would most likely come at night and would not be such a bruising and punishing type of fatigue. Significant is the fact that in many instances the woman with the terrible type of morning fatigue has no work to make her tired. . . .

"Many of the tired people I see each day are constitutionally inadequate. I think they will always be somewhat frail and sickly. They cannot be made over. When they say to me, 'Surely there must be some way in which I can be cured,' I reply, 'Yes, but the only way I know of would be to begin with a different set of grandparents.'

"Some doctors say, 'Do you mean to tell me that you tell

patients that they are hopelessly inadequate? Isn't that terribly discouraging?'

"Yes, but often I soften the blow and get them to see what I mean by admitting that to some extent I, too, am constitutionally inadequate. I could not earn my living as a prize fighter or a wrestler. I found once that I could not even stand the long hours and loss of sleep that a busy general practitioner has to endure day after day. I tried it, and found that I could not 'stand the gaff'; I had to become an internist who could go home at 5:30. I do not tell these people that they must be a failure in life; what I ask is that they do as I did, and try to find a job within their means of strength. I ask also that they learn to hoard their energies and not to fritter them away on emotional debauches, as so many people do. . . .

"Let us physicians not be so determined always to find an organic cause in the abdomen or thorax for a patient's sense of fatigue. Let us look for it oftenest in a tired brain or in a brain handicapped by poor nervous heredity. Let us constantly be on the watch for the symptoms of a nervous breakdown, and when such a break is recognized, let us find out why it came."—*Medical Annals of the District of Columbia, November, 1944.*

## A SPOT ON THE LUNG

(Continued from Page 149)

some cases, the doctor may have. But still it is, for the physician, a mental reservation. It seems to beckon as a safe place to stand if "a spot on the lung" later turns out to be carcinoma, tuberculosis or bronchiectasis.

If the condition is as clinically insignificant as the term suggests, the patient should be told that he has a scar from a previous tuberculous infection—one that needs an occasional check-up or one that needs no further observation. Or when the diagnosis is certain, the patient should be told that his lungs are normal. For, while "a spot on the lung" is often the obscured beginnings of destructive disease, it is, in other cases, the starting point for tuberculophobia and anxiety neuroses.

Medical education however is being overtaken by the information that the public, including the prospective patient, is acquiring. People are learning to realize fully the confusing ambiguity of the term, they are beginning to refuse its acceptance just as an enlightened consumer protests against ambiguous and misleading labels on packaged goods. And the comparison is eminently proper: for all intents and purposes, "a spot on the lung" is ambiguous and misleading labeling. It may well be that through the protest of the consumer, by the refusal of every layman to be satisfied with the pseudo-diagnosis of "a spot on the lung" the term will eventually disappear.

It is high time for the medical and nursing professions and everyone engaged in tuberculosis work to bury a medical term that has quite literally buried so many patients. *A Spot on the Lung, Max Pinner, M.D., The NTA Bulletin, January, 1945.*

## AUXILIARY

### AUXILIARY MEETINGS

Members of the Shawnee County Auxiliary entertained wives of doctors stationed at Topeka Army Air Field and Winter General Hospital at a luncheon at the home of Mrs. J. L. Lattimore on April 9. Assisting the hostess were Mesdames Byron J. Ashley, C. B. Van Horn, W. L. Borst, F. E. Glauner, O. A. McDonald and Leo Smith. For the program Mrs. Willard Greene, Peggy of the Flint Hills, gave a talk on "These Two Things."

New officers of the group, elected at the March meeting are: president, Mrs. H. L. Hiebert; vice president, Mrs. J. F. Casto; secretary, Mrs. O. A. McDonald; treasurer, Mrs. E. H. Decker.

The Central Kansas Auxiliary met March 15 at Ellsworth at the home of Mrs. Alfred O'Donnell. Mrs. Leo Schaefer, state president, and Mrs. Hugh A. Hope, president elect, were guests, and Mrs. Schaefer gave an interesting talk on the work of the Auxiliary. The group voted to purchase a pin for the county president and to purchase Hygeia magazine for all hospitals in the area. A tabulation was made of the hours devoted to state war service by members of the unit.

The home of Mrs. E. D. Carter, Wichita, was the scene of a tea for members of the Sedgwick County Auxiliary on April 9. Mrs. A. L. Ashmore, hostess chairman, was assisted by Mesdames E. D. Carter, W. P. Callahan, W. H. Fritzmeir, C. N. Johnson, J. L. Kleinheksel, Leslie Knapp, Leo Crumpacker, N. C. Nash, L. B. Putnam, O. S. Rich, A. F. Rossitto, L. P. Warren and A. R. Dildine. Mrs. Wilfred Cox, program chairman, presented Miss Eloise Shull, whistler, and Mrs. C. A. Thomas, who gave a picture review of the book, "Babies and Puppies Are Fun."

A luncheon meeting of the Wyandotte County Auxiliary was held March 9 at the home of Mrs. P. M. Krall, Kansas City. Assisting hostesses were Mesdames J. H. Luke, Donald Medearis, C. E. Coburn, C. W. McLaughlin, Merle Parrish, Ward W. Summerville, L. L. Bressette, H. H. Hesser, A. W. Little, Leland Speer, and F. Campbell.

Speaker for the program was Probate Judge Clark E. Tucker, who talked on juvenile delinquency and its causes, teasing, partiality, discord in the home and lack of supervision. Music was provided by Mrs. Joseph M. Cupp, vocalist, and Mrs. Harry Day, accompanist.

The Auxiliary to the Saline County Society met for a buffet supper April 12 at the home of Mrs. J. K. Harvey. The following officers were installed: president, Mrs. E. M. Sutton; vice president, Mrs. Porter Brown; secretary-treasurer, Mrs. E. E. Harvey. The evening was spent at bridge.

The Labette County Society, occupying for the first time its new meeting room in the Parsons public health center, met April 25 in a joint social gathering with the Auxiliary. Dr. Oscar Harvey gave a talk on the functions of the health department, followed by a tour of the building. Dr. and Mrs. Harvey served refreshments.

The Wyandotte County Auxiliary met April 13 at the home of Mrs. L. B. Gloyne for a luncheon. Assisting the hostess were Mesdames F. S. Carey, H. L. Regier, L. B. Spake, Clarence J. Weber, R. A. Richeson, Theodore A. Steegman, I. H. Neas and Leland Speer. Fifty were present.

The following state officers of the Auxiliary were special guests: Mesdames Leo J. Schaefer, Hugh A. Hope, Harold H. Woods, Charles H. Miller, and W. R. Dillingham. Other out-of-town guests were Mrs. E. J. Nodrufth, Wichita, Mrs. L. S. Nelson, Salina, and Mrs. F. E. Coffey, Hays.

Mrs. John S. Chandley, chairman of the entertainment committee of camp and hospital, spoke on the benefits of music in hospitals for war casualties, Mrs. Gloyne played on the auto harp, and Mrs. Fred Fuchs entertained with vocal numbers. Mrs. Schaefer, retiring president of the state organization, spoke on the accomplishments of the group during the year and urged continued cooperation during the presidency of Mrs. Hope.

### HOW DOES A MEMBER SUPPORT HER AUXILIARY?

By:

1. Paying dues.
2. Attending meetings.
3. Accepting offices and chairmanships in other organizations, especially those related to health, so
  - a. Informed speakers may address them.
  - b. Approved material may be given.
  - c. Programs and projects to be undertaken shall be scientifically sound.
  - d. So she may keep informed about medical matters and activities in other organizations.
  - e. Report to her President and Society, programs and projects which are unwise and unacceptable; report to be made through advisors.
4. Promoting good fellowship by affability at meetings; by attendance at entertainments and conventions; by assisting as requested.
5. By fulfilling the charges given through the advisors.

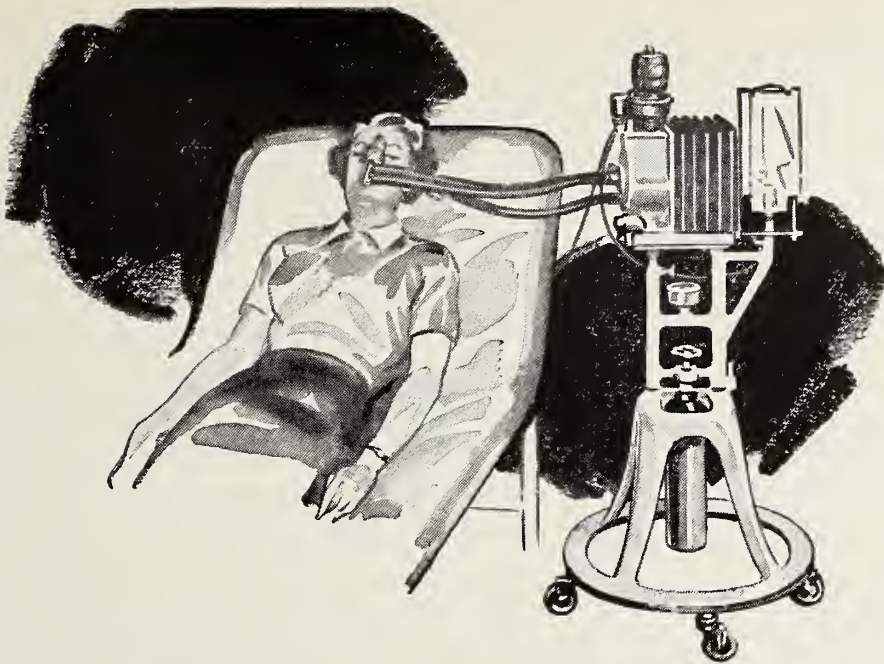
The busy wife is an asset to the Auxiliary, if she is an INFORMED MEMBER, because she has many opportunities to carry the aims and decisions of the Medical Profession and keep health leadership where it belongs—With the Profession. As a member, she may speak with authority, receive respect and attention that will be missing as an unattached doctor's wife. It is not necessary to partake of every phase of Auxiliary work to be a good member, only what one can do. She should know when to keep quiet; when to report to advisors; when to answer and what to say.

If for no reason but to assemble regularly and study the history of the Medical Arts and the Medical Heroes, an Auxiliary would be worth-while, because it would give wives an understanding of the supreme unselfishness and the greatness of the profession.

The time has come when the Auxiliary has so proved its worth that the question is not, "Are you an Auxiliary member?" but, "Why are you not a member?"

### DOCTOR'S WIFE

Dr. M. H. Kettle used to say that the biggest handicap of a woman doctor was that she could not have a wife. For no housekeeper or maid, secretary or dictaphone, companion or detective service can quite take the wife's place, and so far no husband has ever tried. A doctor's wife can make or wreck his career, but she can do far more—bring



## *In Hyperthyreosis, too*

The symptom complex of increased appetite, exaggerated psychomotor tension, hyperhidrosis, and loss of weight, in addition to spelling thyrotoxicosis, also reflects the intense metabolic activity characteristic of this condition. Utilization of nutrients may be 50 per cent above normal.

Whether therapy be conservative or surgical, metabolic deficits must be eradicated and some of the consumed body tissue restored. To this end the intake of virtually all essential nutrients must

be doubled. If surgery is contemplated, nutritional preparation ranks in importance with iodine preparation for a successful outcome.

Ovaltine can be a valuable component of the high-caloric, high-vitamin diet required in hyperthyreosis. This delicious food drink, made with milk, not only increases the caloric intake appreciably, but also significantly augments the intake of complete proteins and of vitamins and minerals, all of which are required in added amounts.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



## *Ovaltine*

Three daily servings of Ovaltine, each made of ½ oz. Ovaltine and 8 oz. of whole milk,\* provide:

PROTEIN . . . . .	31.2 Gm.	VITAMIN A . . . . .	2953 I.U.
CARBOHYDRATE . . . . .	62.43 Gm.	VITAMIN D . . . . .	480 I.U.
FAT . . . . .	29.34 Gm.	THIAMINE . . . . .	1.296 mg.
CALCIUM . . . . .	1.104 Gm.	RIBOFLAVIN . . . . .	1.278 mg.
PHOSPHORUS . . . . .	.903 Gm.	NIACIN . . . . .	7.0 mg.
IRON . . . . .	11.94 mg.	COPPER . . . . .	.5 mg.

\*Based on average reported values for milk.

him misery in the midst of success or happiness in spite of failure. What qualities should she have if she is to give him—and therefore herself—both success and happiness? First among them McClinton of Ontario puts good health, not only for the reasons which apply to anyone's wife but because her lesser ailments will never receive the attention they deserve; she can only mention them when her husband is hurried over breakfast or tired over dinner, and she must subsist mainly on samples from his dusty shelves. It is her job to know as he does though not of the same subjects. She needs no skill with the stethoscope but must master the telephone. In two minutes she must learn the patient's name and social status, his address and how to get there, what he has and how long he has had it, and she must bear the blame if her assessment of urgency, based on the distorted tone values of a few hasty words, turns out wrong. Moreover, her reply to the message must be neither alarmingly sympathetic nor unkindly terse. She must know how to entertain their friends, remembering that too much entertainment in the doctor's home becomes obvious and odious. She is fortunate if he worries, for if he does not he burns with no creative fire. The good doctor will often sweat when the phone rings at night, for fear of something he has left undone, while the bad one snuggles dry beneath the blankets knowing that most people get well anyhow. Last of all—she must love the doctor. To act as such a combination of doormat and poultice she will have to.—*Lancet*, March 13, 1:341, 1943.

### JUVENILE DELINQUENCY PROGRAM

To understand the problem of juvenile delinquency, it is suggested that you arrange to hold the following meetings in your community:

- I. OBTAIN THE FACTS REGARDING DELINQUENCY BY HAVING:
  - A. Talks by local Juvenile Court Judge.
  - B. Talks by community leaders dealing with delinquency.
- II. WHAT ARE THE CAUSES OF JUVENILE DELINQUENCY IN YOUR COMMUNITY?
  - A. Talks by local social welfare workers.
  - B. Talks by community leaders, chamber of commerce, etc.
- III. WHAT CAN BE DONE TO REMEDY THE CAUSES OF JUVENILE DELINQUENCY? EDUCATION OF PARENTS
  - A. Talks arranged for parents by local librarian on the use of books. Plan exhibition of books.
  - B. Talks by heads of musical groups, music departments, etc., on the use of music.
  - C. Demonstration on the use of handicraft by local art galleries, teachers or recreation workers.
  - D. Talks by recreational leaders or athletic teachers demonstrating the use of parties, games, etc.
  - E. Sponsoring teen-age recreational centers.
  - F. Enforcement of curfew.
  - G. Sponsor juvenile health examinations.
  - H. Set up diagnosis and preventive clinics staffed by specialists.
- IV. WHAT THE COMMUNITY CAN DO TO HELP ELIMINATE THE CAUSES OF DELINQUENCY
  - A. Talks by local ministers.
  - B. Talks by superintendents or principals of schools.
  - C. Talks by representatives of the Chamber of Commerce, local community centers, Y. W. C. A., Y. M. C. A., etc.
  - D. Talks by local doctors on the prevention of venereal diseases.

- E. Sponsor parents' guidance clinics.
- F. Sponsor teachers' guidance clinic.
- G. Establish clubs for underprivileged girls (with emphasis and training on good grooming, posture, poise, etc.)
- H. Improve housing conditions.
- I. Make efforts to secure efficient law enforcement to stamp out places that breed delinquent behaviour.
- J. Use influence to secure an intelligent police force sympathetic to the problem.

PROGRAM COMMITTEE,

Mrs. William J. Butler, National Chairman.

PUBLIC RELATIONS COMMITTEE,

Mrs. S. Dale Spotts, National Chairman.

## KANSAS MEDICAL ASSISTANTS' SOCIETY

Dr. and Mrs. J. L. Lattimore, Topeka, entertained members of the Shawnee County Medical Assistants' Society at dinner at the Shawnee Country Club on April 12. Fifty were present. The evening was spent at card games with Myrna Stang, Margaret Foster and Charlotte Ellis receiving prizes.

The regular meeting of the Sedgwick County Assistants was held April 18 at the Allis hotel with Charlotte Parish, president, presiding. Mr. Martin Baker, executive secretary of the County Medical Society, gave a talk on the relationship between the Society office and the doctors' assistants.

Members of the Wyandotte County Medical Assistants' Society met April 24 at the Kansas City Chamber of Commerce building. Dr. Glenn R. Peters, guest speaker, discussed control of cancer. A committee was named to plan a picnic in June.

There are currently 74 women medical officers serving in the Army, according to the Office of the Surgeon General. Of this number four are majors, 36 are captains and 34 are first lieutenants. They have been certified as internists, neuropsychiatrists, obstetricians, gynecologists, pathologists, radiologists and anesthetists, and the Army has given them assignments in line with their specialties at general, regional and station hospitals as well as at the two WAC training centers. Seventeen of these women medical officers are now serving overseas.

## RADIUM

(including Radium Applicators)

FOR ALL MEDICAL PURPOSES

Est. 1919

Quincy X-Ray & Radium Laboratories

(owned and directed by a Physician-Radiologist)

Harold Swanberg, B.S., M.D., *Director*

W. C. U. Bldg.

Quincy, Illinois

# *The Menninger Sanitarium*

For the Diagnosis and Treatment of  
Nervous and Mental Illness

# *The Southard School*

For the Education and Psychiatric  
Treatment of Children of Average  
and Superior Intelligence. Boarding  
Home Facilities.

Topeka, Kansas

## Book Reviews

**THE ABORTION PROBLEM** (Proceedings of the Conference Held Under the Auspices of the National Committee on Maternal Health, Inc., at the New York Academy of Medicine, June 19 and 20, 1942). Howard C. Taylor, Jr., M. D., Conference Chairman. The Williams and Wilkins Company, Baltimore, Maryland.

This book, consisting of lectures and discussions by leading medical men, sociologists and lawyers, delves thoroughly into the various aspects of abortion including the evaluation of the problems in respect to the number of abortions, fetal and maternal deaths, and effect upon the individual, as well as the physiological aspects of spontaneous abortion; the social and psychological factors leading to abortion with regulations to control these; and lastly, the possibilities of curtailing or preventing abortions by legal measures, education, public health assistance or economic assistance.

The committee concludes: (1) Abortion is of major significance since it accounts for 30 per cent of maternal mortality. (2) Spontaneous abortion research is very promising and may be dismissed as being adequately and successfully attacked. (3) Religious and philosophical aspects in abortion must be recognized and belief in the destiny of the human race, as well as religion, requires that even fetal life should never be obscured by individual materialism or biological detachment. (4) Legal attempts have proven futile in attempting to curtail abortion, so the only recourse lies in education of both public and profession.

This education will consist of better sex education of young people with physiology of pregnancy being a part of high school biology or physiology; knowledge for child spacing and the dangers of abortion in premarital clinics, and especially to instill in the student some sense of his reproductive responsibility to society and to maintain and strengthen the concept that human life is sacred, even from the time of conception.—*Charles H. Miller, M.D.*

**APPROVED LABORATORY TECHNIC.** Kolmer and Boerner, Fourth Edition. D. Appleton-Century Company, New York. 1017 pages. Copyright 1945. Collaborators: Austin, Bockus, Herman Brown, Cantarow, Corper, Davidsohn, Elton, Fitz-Hugh, Flosdorf, Gault, Haden, Hamilton, Keller, Konzelmann, Lamb, Leifson, Lukens, Lynch, Magath, Morton, Owen, Reinhart, Richter, Shaw, St. George, Soloff, Spaulding, Stocking and Tuft.

This is by far the best edition of this book, many new illustrations and covering new subjects such as Rh determination, newer methods of examining sputum for tubercle bacilli, blood and urine examinations for hormones, fairly complete short methods for toxicological examinations, methods of allergic skin tests, etc.

The book is well arranged, well written and should be in every library of physicians interested in laboratory procedures. It does not give as much on clinical application and interpretation as some other books but the technical procedures are about the best of any book available today.—*J. L. Lattimore, M.D.*

**CONTROL OF PAIN IN CHILDBIRTH.** Clifford B. Lull, M.D., F.A.C.S. and Robert A. Hingson, M.D. J. B. Lippincott Company 1944. Price \$7.50.

The authors go into considerable detail in describing the best methods of using all varieties of drugs and their combinations in producing anesthesia, analgesia and amnesia in the obstetric patient. They evaluate the various drug

individual management of cases. Abundant suggestions are inserted throughout the book to aid in meeting associated problems arising in the relief of fear and pain. The book is profusely illustrated by pictures, diagrams, and charts, many in color, showing the anatomical and pharmacological action of the various drugs and the technique of their use.

The authors' extensive personal experience in the use of caudal anesthesia makes this chapter most convincing. They describe in detail exact methods and variations in the use of caudal anesthesia.

This book would be a valuable addition to the library of all physicians interested in relieving the pain of childbirth.—*Robert E. Pfuetze, M.D.*

**LIPPINCOTT'S QUICK REFERENCE BOOK FOR MEDICINE AND SURGERY**, A Clinical, Diagnostic, and Therapeutic Digest of General Medicine, Surgery, and the Specialties, Compiled Systematically from Modern Literature—By George E. Rehberger, A.B., M.D. The twelfth edition, published by the J. B. Lippincott Company of Philadelphia in 1944, is priced at \$15.00. The volume contains 1,460 pages, and is divided into eleven general parts, namely: 1. General Medicine; 2. Gynecology; 3. Genito-Urinary Diseases; 4. Obstetrics; 5. Skin Diseases; 6. Eye Diseases; 7. Ear Diseases; 8. Nose Diseases; 9. Throat Diseases; 10. Orthopedics; 11. Alphabetical List of Drugs, Dosage of, Solubility, Method of Administration, Physiologic and Toxic Action and Use. There are also chapters on Administration of Anesthetics, a Pharmacologic Index, Equivalents of Metric and Apothecaries, Weights and Measures. The book is complete in details, well indexed and can fill a great need in the library of physicians, libraries, medical schools and all allied medical agencies.

### BOOKS RECEIVED

**CONTROL OF PAIN IN CHILDBIRTH.** By Clifford B. Lull, M.D., and Dr. Robert A. Hingson, M.D. Published by J. B. Lippincott Company, Philadelphia.

**DOCTORS AT WAR.** Edited by Morris Fishbein, M.D. Published by E. P. Dutton and Company, Inc., 300 Fourth Avenue, New York.

**THE HUMAN MIND.** Third Revised and Corrected Edition. By Karl A. Menninger, M.D. Published by Alfred A. Knopf, Inc., New York. (\$5.00)

**MARIHUANA PROBLEM IN THE CITY OF NEW YORK, THE.** By the Mayor's Committee on Marihuana. Published by the Jaques Cattell Press, Lancaster, Pennsylvania. (\$2.50)

**MEDICAL USES OF SOAP.** Edited by Morris Fishbein, Published by J. B. Lippincott Company, Philadelphia.

**MY SECOND LIFE.** T. H. Shastid, M.D. Published by George Wahr, Ann Arbor, Michigan. (\$10.00)

**PENICILLIN THERAPY** (Including Tyrothricin and Other Antibiotic Therapy). By John A. Kolmer, M.D., F.A.C.P. Published by D. Appleton-Century Company, 35 West 32nd Street, New York.

**TEXTBOOK OF PATHOLOGY OF LABOR, Puerperium, AND THE NEWBORN.** By Charles O. McCormick, A.B., M.D., F.A.C.S. Published by the C. V. Mosby Company, Pine Boulevard, St. Louis. (\$7.50)

**YELLOW MAGIC, THE STORY OF PENICILLIN.** By J. D. Ratcliff. Published by Random House, New York. (\$2.00)

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

JUNE, 1945

Number 6

## CAESAREAN SECTION IN PRIVATE PRACTICE

Francis J. Nash, M.D.

Kansas City, Kansas

Caesarian section continues to be a popular topic for statistical papers. Preparation of this article was undertaken without preconceived ideas as to what it would prove or disprove. My intention was rather to compile some facts and figures which would stimulate further thought and discussion of the subject. This paper differs from many others only in that it is composed entirely of private cases. Most available literature is based upon clinic patients or mixtures of clinic and private groups.

The history<sup>1</sup> of caesarean section extends from early times to the present day, the first really great contribution being made by Porro in 1876 when he described a successful caesarian hysterectomy. In 1882 Sanger published an accurate technique for suturing the uterine incision. The modern era of the various caesarean operations began in 1907 when Frank devised the extraperitoneal technique. Kronig, 25 or 30 years ago, published his method of incising the uterus through its lower segment. This operation has since been popularized in this country by Beck, DeLee and others. Today we find the opinions of experts divided as to the merits and indications of these procedures. It is well established, however, that ordinarily the operation of choice is either the classical or low cervical technique with the extraperitoneal caesarean and the caesarean hysterectomy reserved for the potentially infected or perhaps even the positively infected patients.

The indications for caesarean section may be briefly stated as contracted or deformed pelvis, unexplained dystocia, abruptio placenta, placenta previa, previous caesarean section, toxemia of pregnancy in certain instances, obstructing pelvic tumors, and constitutional diseases such as advanced mitral stenosis. A contracted pelvis<sup>1</sup> is one with a true conjugate of less than 9½ centimeters or an outlet whose posterior sagittal and transverse diameters total less than 17 centimeters. These measurements are not necessarily indications for caesarean section. Management of the patient with a contracted inlet

is facilitated by an adequate trial of labor. Contraction of the outlet is in itself rarely an indication for caesarean section, according to Monahan<sup>2</sup>. Experience of obstetricians in the midwest disagrees with this. Trial of labor is not helpful in evaluating a contracted outlet but may be utilized in pelvic tumors of undetermined obstruction, elderly primigravida, and some toxemias, varying the duration of the trial to suit the particular circumstances.

Usually listed as contraindications for caesarean section are a dead fetus in most instances and maternal infection, actual or potential. An actually infected patient has fever and other laboratory and clinical signs of infection. A potentially infected patient has been a long time in labor, or subjected to repeated vaginal examinations, or has membranes ruptured over 12 hours<sup>3</sup>. Present day perfection of the low cervical, extraperitoneal, and Porro technic has apparently lessened infection as a contraindication for caesarean section.

This report comprises a series of 348 consecutive caesarean sections performed by 19 surgeons and involving the patients of 43 doctors at Bethany and Providence Hospitals in Kansas City, Kansas, during the years 1938 to 1942 inclusive. The total number of obstetrical patients for the same period of time was 4875, which makes the incidence of caesarean section 7.1 per cent. This incidence may be somewhat misleading since these years still saw many normal deliveries in the home, while many of the doctors doing home deliveries hospitalized complicated or potentially complicated patients. Furthermore, these two hospitals carried the greater part of referred obstetrical complications in Kansas City, Kansas. Adair<sup>4</sup> reports caesarean section incidence as 5½ per cent in 18,000 cases at Chicago Lying In. He illustrated the current increase in the number of caesarean sections as does Keetell<sup>5</sup> who shows that the total deliveries in the state of Wisconsin increased 6 per cent from 1934 to 1940 while caesarean sections increased over 65 per cent. Other writers

<sup>2</sup>, <sup>3</sup>, <sup>6</sup>, <sup>7</sup>, <sup>8</sup>, report an increase varying from 5.9 per cent to 1.4 per cent.

Indications for caesarean sections in this series and a comparison with other series are shown in Table One. In our hospitals cephalo-pelvic disproportion is by far the most common indication with placenta previa and premature separation of the placenta combined as the next common cause. Toxemia of pregnancy is the third most common indication. Dystocia and a miscellaneous group were responsible for the small number remaining. It is obvious from this table that a higher incidence of caesarean section, as a whole, is largely manifest in the increased number of recorded cephalo-pelvic disproportion. This would indicate either a tendency toward elective caesarean section or a misinterpretation of a trial labor. A liberal tendency to section placenta previa and abruptio placenta is also evident in our group, a tendency with which I agree. Previous caesarean section was not clearly distinguished as an indication for succeeding abdominal deliveries. Incomplete statistics in hospital records and published articles make comparison and percentages impossible in some instances.

Table Two records the mortality in this series and attempts to show the common causes of caesarean section mortality. Four deaths occurred over this five year period—a maternal mortality of 1.1 per cent. One of them was a 38-year-old primipara sectioned after a labor exceeding 30 hours. She died on her fourth post-operative day with a post mortem diagnosis of "paralytic ileus." The second fatality occurred in a 20-year-old primipara whose pre-operative diagnosis was "nephritic toxemia of pregnancy." Her blood pressure was recorded as 156 over 110, with marked anasarca and two plus albumen. She died on her twelfth post-operative day with a post mortem diagnosis of "acute generalized peritonitis and acute glomerulo nephritis." The third fatal case was a 20-year-old patient, pregnant for her second time, whose first pregnancy terminated in spontaneous abortion. The pre-operative diagnosis was "pre-eclampsia and mitral stenosis." She expired on her tenth post-operative day with a post mortem diagnosis of "generalized peritonitis, mitral stenosis and acute nephritis." The fourth death occurred in a 26-year-old woman, also pregnant for the second time and whose first pregnancy also

## COMPARATIVE INCIDENCE AND INDICATIONS FOR CAESAREAN SECTIONS

Table Number One

Name	No.	Incidence in Percent	Cephalo-Pelvic Disproportions	Placenta Previa & Abruptio Placenta	Toxemia of Pregnancy	Dystocia	Previous Caesarean Sections	Miscellaneous
Keetel	7729	2+	39.7%	10.5%	10%	.....	14.9%	.....
Wentsler	.....	1.4%	15.0%	3.0%	.....	.....	60.6%	5.0%
Monahan	1333	5.9%	44.5%	6.6%	15.0%	.....	11.2%	3.0%
De Normandie	11,030	3.3%	.....	.....	.....	.....	9.7%	.....
Hennessy	198	4.3%	.....	.....	.....	.....	.....	.....
Seley	140	1.5%	42.9%	.....	1.4%	5.0%	21.4%	.....
Adair	1000	5.5%	.....	.....	.....	.....	.....	.....
Nash	348	7.1%	60.91%	11.77%	8.62%	4.2%		5.74%

terminated in abortion. In this instance the pre-operative diagnosis was a "justo-minor pelvis and chronic nephritis." Her blood pressure was recorded as 150 over 90 with two plus albumen and blood chemistry as essentially normal. No post mortem was performed, but her death was attributed to "cardiac failure."

In only one of the four maternal deaths was there a fetal mortality in which instance death of the fetus was thought to have been caused by an enlarged thymus gland and fetal atalectasis. In our series the predominant cause of death was certainly an intra-abdominal complication of the surgical procedure, a fact which disagrees somewhat with figures

reported from a larger series by Monahan<sup>2</sup>. It has been fairly well shown by Keetel<sup>5</sup> and De Normandie<sup>7</sup> that maternal mortality from caesarean section increases as the incidence of section decreases.

Table Three illustrates the percentage of the various types of operations along with the mortality in each group as well as a comparison with that of other authors. Of the four maternal deaths three were classical caesarean sections and the other a low cervical of the Beck type. Three were elective operations and the fourth was long in labor with ruptured membranes. Although a classical section was performed in the last instance the pathologist reported only a slight localized peritonitis. The only mor-

### CAUSES OF CAESAREAN SECTION MORTALITY

Table Number Two

Name	No.	Shock & Hemorrhage	General Peritonitis	Paralytic Ileus	Mechanical Obstruction	Thrombophlebitis Septicemia	Others
Monahan	38	30%	20%	20%	10%	10%	10%
Nash	4	.....	50%	25%	.....	.....	25%

### COMPARATIVE INCIDENCE AND RESULTS OF VARIOUS TYPES OF CAESARIAN SECTIONS

Table Number Three

	Keetel	Wentsler	Monahan	DeNormandie	Nash
Number	7729	233	1333	11030	348
Incidence	2.0%	1.4%	5.9%	3.3%	7.1%
Maternal Mortality	2.77%	2.1%	2.8%	2.4%	1.1%
TYPES OF CAESAREAN SECTIONS					
CLASSICAL					
Incidence	86.4%	72.1%	67.1%	42.6%	32.2%
Mortality (percentage of C. S. deaths)				45.1%	75%
LOW CERVICAL					
Incidence	13.1%	15.5%	16.3%	53.4%	67.5%
Mortality (percentage of C. S. deaths)				38.4%	25%
EXTRAPERITONEAL					
Incidence		1.7%		1.2%	0.3%
Mortality (percentage of C. S. deaths)				14.0%	
CAESAREAN HYSTERECTOMY					
Incidence	0.5%	10.7%	16.6%	2.8%	
Mortality (percentage of C. S. deaths)			5.0%	2.5%	

tality in the low cervical group resulted from cardiac failure without apparent peritonitis although an autopsy was not performed. De Normandie<sup>7</sup> in a large group of patients reports a significant advantage of the low cervical operation over the classical. This is more evident than the percentage would indicate since many obstetricians reserve the former procedure for potentially infected cases.

An attempt to compile a table comparing fetal mortality in caesarean section to that in vaginal deliveries was abandoned because of inadequate records, insufficient time and brevity of this paper. Prematurity and other important factors would necessarily need to be eliminated before comparisons could be significant. Nevertheless one is struck by the comparatively low fetal death rate following caesarean section particularly if the operation is undertaken before or early in labor. This fact is illustrated by De Normandie<sup>7</sup> who compiled figures from six sources other than his own giving a three to ten times greater chance of survival for babies delivered abdominally. This is in spite of the fact that almost all babies delivered by caesarean section are born "water logged" and need considerably more resuscitation than babies who have traversed the birth canal.

Summarizing what has been said a few facts stand out. In 348 caesarean sections an incidence of 7.1 per cent is the highest observed in recent literature. Contrasting that a maternal mortality of 1.1 per cent is the lowest rate reported. Figures in this series suggest the superiority of the low cervical operation. Two of the four fatalities succumbed to peri-

tonitis and the third was also infected, which makes an unfavorable comparison with the literature. The fourth death, the only one in the low cervical group, apparently resulted from a cardiac complication. Maternal and fetal mortality rates, in this series, lend some justification to the liberal employment of elective and early operation. However, statistics reported from larger series would suggest greater utilization of the trial of labor and a more accurate estimation of the size of the baby and its relation to maternal measurements. In every article read, previous caesarean section is far from negligible as a primary indication for subsequent abdominal deliveries. If the incidence of caesarean section is to be reduced without hazard each patient must be considered as an individual problem. The obstetrician cannot lose sight of the fact that he is responsible for the immediate welfare of the mother and her fetus plus the distant welfare of the mother and her succeeding pregnancies.

#### BIBLIOGRAPHY

1. Stander, H. J.: Williams Obstetrics, New York, 1936, D. Appleton Century Co. Incorp., page 596.
2. Monahan, C. P., Connally, H. F. Jr., & Eastman, N. J.: Caesarean Section—Experience of Johns Hopkins Hospital, Analysis 1,333 Operations, *Am. J. Obst. & Gynec.* 44: 999-1009, Dec. '42.
3. Seley, A. D.: Analysis 140 Consecutive Cases at Beth Israel Hospital, *West. J. Surg.* 50: 297-306, June '42.
4. Adair, F. L.: In Discussion of Caesarean Section—Experience of Johns Hopkins Hospital, Analysis 1,333 Operations, C. P. Monahan; J. F. Connally, Jr., & N. J. Eastman, *Am. J. Obst. & Gynec.* 44: 999-1009, Dec. '42.
5. Keetell, W. C.: Caesarean Sections and Hospital Deliveries Occurring in Wisconsin 1934-1940 Inclusive, *Wisconsin M. J.* 41:302-310, April, '42.
6. Wentsler, N. E. & Stout, J. H.: Caesarean Section at the University of Iowa, *J. Iowa Med. Soc.* 33: 166-169, April, '43.
7. De Normandie, R. L.: Caesarean Section in Massachusetts—5-year Study, *New England J. Med.* 227:533-538, Oct., '43.
8. Hennessy, J. P.: Review 316 Cases, *North Carolina M. J.* 3:217-220, May '42.
9. De Normandie, R. L.: Caesarean Section in Massachusetts in 1937, *New England J. Med.* 219:871, Dec. '38.

## WHY IS CANCER RESEARCH IMPORTANT?\*

In its April campaign the American Cancer Society hoped to raise \$5,000,000 for the fight against cancer. Of this amount approximately \$3,000,000 is to be spent for the continuance of the educational work and of the aid and treatment of cancer patients under a program approved by organized medicine. The remaining two-fifths, or about \$2,000,000 will be used for the organizing and aiding of different phases of cancer research.

That aid is necessary and well spent for cancer research is perhaps somewhat less understood by the public. It is the purpose of this article to point out some important facts concerning research.

Immediate benefits can not be expected from funds spent in studying cancer. Such funds are investments that will give dividends in the future.

Industrial organizations are well aware of the im-

portance of research and spend large amounts for the equipment of their laboratories and the salaries of their research staffs. They realize that funds spent on research are investments for the future of their fields of interest.

Why is there a need for cancer research, and why is there a need for its organization?

The cause (or causes) of cancer seem to be intimately associated with the organization of the cell, the unit structure of living things. Cancer occurs in many different animals and plants. It is the result of autonomous cell proliferation or growth. But cell proliferation is the basis of life itself and cancerous growth differs from normal growth only in one respect, in its autonomy. This means that cancer is an uncontrolled and independent increase in cells. Is it any wonder that the problem is difficult? Its scope extends not only into medicine but also into every

\*Fifth in a series of articles on the general subject of cancer. Prepared by the American Cancer Society.

branch of the science of life biology, as well as into chemistry and physics. It is because of its wide extent that organization of this research is so important. It is only by realizing the immense scope of the problem can the public appreciate how much has already been accomplished.

Let us briefly review some of the accomplishments: The field of experimental research was opened up by Moreau, who in 1889 successfully transplanted breast cancer from one mouse to another. Since then the mouse, because of the ease with which it can be raised, has been the most widely used experimental animal in cancer research for the studies of spontaneous as well as transplanted cancers.

The study of induced cancers can be dated perhaps from the discovery of x-rays (1895). A few years later, after handling x-ray tubes without any protection, the first cases of roentgen cancers developed on the hands of some workers. Soon after that such cancers were produced experimentally on the skin of rats exposed to x-rays.

The discovery of radium and the careless handling of radioactive substances led to the sad observation that they too, can produce cancers. Of course, properly used by competent, trained personnel, x-ray and radium are powerful weapons in the treatment of cancer.

Ultra-violet rays and sunrays were also proved, by experimental procedures, to be cancer producing. Cancers originating in old scars of burns led to the conclusion that heat rays can produce cancer.

A large amount of experimental work has been done on the hereditary factors, which undoubtedly influence some types of cancers in the extensively inbred laboratory mouse.

The discovery that cancer can be produced by repeatedly applying tar to the skin of experimental animals was another stepping stone. Later, cancer producing compounds were derived from tars prepared from substances of known chemical composition. Fractioning these tars led to the discovery of several cancer producing compounds.

One of these was found to be chemically related to bile and sex hormones, which are normal constituents of the body. The next natural step was the discovery that it is possible to produce cancers in mice by some of these hormones themselves.

This led to an extensive investigation of the different hormones. Much has already been accomplished in this field and almost daily new knowledge is added at the present time. Recent advances in the study of viruses also have a bearing on cancer re-

search, as some animal cancers are reported to be caused by them.

With the technique of tissue culture living cells can be cultivated outside the living body. This method of investigation added to our knowledge of the normal as well as of cancer cells.

The search for a simple chemical, blood, or skin test as an aid for diagnosis is going on continuously. So far the results are not very encouraging and, because of the nature of the disease, they are not very hopeful. The only reliable method of diagnosis still remains the microscopic examination of thin slices of the suspected tissue, prepared and stained for this purpose.

Research in chemical therapy which is progressing so rapidly in medicine in general in recent years, has not so far yielded any startling results in the cancer field. However, here too, hope is never given up and experimentation is going on continually.

There are many important developments in the field of cancer treatment. New discoveries in physics such as the Coolidge's electron tube revolutionized roentgen therapy. The experiments of Lawrence with the cyclotron are just beginning to open up new fields. Improved techniques in cancer surgery that save and prolong countless lives are reported continually.

To sum up, may I suggest a comparison for the reader. Suppose you and your family were trying to put a jigsaw puzzle together, composed of a thousand very small complicated pieces, which are not neatly piled in a box but scattered all over your large back yard. It takes you considerable time to find each piece, and the one you find often does not fit with those you have already found. There are many easier, pleasanter occupations which tempt you, but you have an inner curiosity and a conviction that aiding in the completion of the puzzle is immensely important. So you keep on working, often disappointed by not finding the right piece but never letting yourself become discouraged. You think of all the missing pieces, and you are almost convinced that with all your tireless effort you did not accomplish anything. But take a look at those even perhaps few pieces which are already fitted together and you realize with some justifiable pride that you did not labor entirely in vain, that progress has been made.

The knowledge that all the pieces are there and if we search intelligently and diligently we shall find the right combination and the right answer is the hope, dream, and reward of all cancer research workers.—*Bulletin of American Cancer Society, Inc.*

## TRANSFUSION OF WHOLE BLOOD

Clyde Wilson, M.D.\*

Emporia, Kansas

I shall attempt, in as concentrated a manner as possible, to discuss the important factors that enter into consideration for the successful transfusion of whole blood, and will not enter in a description of the bungling technique and clumsy apparatus that were early used in transfusion.

By transfusion is meant the introduction of blood, plasma, medicaments, or salines, within the veins, arteries, serous cavities, or beneath the skin. Intravenous injection of drugs was first done in 1656. In 1665, Richard Lower, of Cornwall, an able physiologist and successful practitioner, was the first to perform direct transfusion in man. In 1875, L. Landois made the important discovery that animal sera will hemolyze human blood. In 1901, Landsteiner and Eisenberg found that sera of diseased and even of normal donors will hemolyze alien blood. This discovery revolutionized the whole subject of blood transfusion. In 1907, Ludwig Hektoen, professor of pathology in Rush Medical College, and director of the John McCormick Institute of Infectious Disease, was one of the first to point out the danger of iso-agglutination of blood. George W. Crile, professor of clinical surgery in Western Reserve University in 1909, stressed the dangers from hemorrhage and transfusion which procedures he carried almost to perfection by his skill and technique.

The indications for transfusion are first hemorrhage from whatever cause, shock, acute virulent infection, wasting diseases and prolonged surgical operations. There is no substitute for the transfusion of whole blood in these conditions when obtainable. In recent years plasma for shock is considered the substance of choice as it is commercially available, and does not require typing or cross agglutination; however, there is no contraindication for the use of whole blood in this condition. For convenience of study and work, human blood has been placed under groupings of four according to the Landsteiner, Moss and Jasky classifications, which has been adopted by most of the scientific and technical societies. These classifications are based upon the presence or absence of two iso-agglutinable substances.

The classification that I will use is that of Landsteiner, that has divided mankind into Groups A, B,

AB, and O. Levine, working with Landsteiner, discovered three other antigens in blood cells, which gave him additional classified blood that he designated as M, N, and P, but for these no corresponding antibodies have been found in human sera.

A simple method for the determination of blood groups is the slide test. This requires only the known sera of Groups A and B. According to Landsteiner, there is no agglutination with either sera or cells in Group O. In Group A, no agglutination with A serum, and definite agglutination with B serum. In Group B, there is definite agglutination with A serum, and no agglutination with B serum. In Group AB there is definite agglutination with Group A and B serum.

The selection of a donor for blood transfusion is of greatest importance. He should be a young adult, whose blood should give a negative Wasserman and Kahn reaction, and should be free from malaria, and acute infectious diseases. A professional donor should have routine serological tests for syphilis, made at intervals not greater than three months. Having satisfied these requirements, his blood must be found to fall into the same group as that of the recipient. It is further then subjected to cross agglutination to the cells and serum of both his and the recipient. Group O's, according to the Landsteiner classification, are referred to as the universal donors. This is because the cells of Group O individuals are not agglutinated by the serum of the other three groups. When no other identical group can be obtained, they may be used as donors in cases of emergency, but only with great caution. In spite of the fact that the serum of Group O individuals agglutinizes the cells of the other three groups, the amount introduced by transfusion is so small in proportion to the whole volume of blood of the recipient, and it is introduced so slowly, that the serum of the donor is markedly diluted and agglutinated action retarded. It occasionally happens that serum of an O donor is particularly strong in agglutinates and serious results have followed use of such blood to other groups. Disaster awaits him who uses universal donors routinely. It should be done only in great emergency.

During the past four years knowledge of an important factor of human blood has been growing. This substance known as rhesus or Rh factor was so named because it was discovered in the blood of rhesus monkeys. This discovery was made by the late Carl Landsteiner and his associate, Alexander

\* I wish to acknowledge my gratitude to Major James Simmons, U. S. A. Medical Corps; Garrison's "History of Medicine," and the research department of Abbott's Pharmaceutical House for the material that supplemented the knowledge gained from my own experience, which aided me greatly in the compilation of this dissertation.—C. W.

Weiner. Following a series of injections of monkeys' blood into rabbits, serum from the blood of rabbits was found to clump the red cells of monkeys and also the red cells of 85 per cent of human beings. From this, he assumed there was a common antigenic factor in the blood of rhesus monkeys, and the blood of 85 per cent of human beings.

Landsteiner and Weiner were then able to produce an immune serum from the blood of rabbits which differentiated mankind into two blood groups. The 85 per cent who had the Rh factor were classed as Rh positive, the remaining 15 per cent, who did not possess this factor, were classed as Rh negative. This Rh factor has received considerable attention because of its relationship to erythroblastosis fetalis. The Rh factor in itself is a harmless substance present in 85 per cent of individuals, but if the blood containing the factor is mixed with the blood not containing it, death may follow.

To test for the Rh factor, a drop of two per cent suspension of red cells is added to a drop of known Rh negative serum. The mixture is incubated in a test tube at 37 degrees centigrade for 30 minutes, then centrifuged at low speed for one minute. The cells are then resuspended. If agglutination is grossly or microscopically noted, the red cells are Rh positive. The test is delicate, and the testing serum is not always reliable. In such instances the test should be repeated.

The requirements for transfusion having been met, the donor should appear with an empty stomach, not having taken any food or alcoholic beverages. Many of the reactions following transfusions are traceable to allergy on the part of the recipient, when the donor has not seen fit to abstain from food or drink.

Of the modern methods of transfusion there are

two: namely, the direct or syringe method, and the indirect or citrate method. The direct or syringe method is rather complicated, requiring three highly trained individuals, accustomed to the anticipation of one another's wants or needs, and rapid coordination. It has been likened by some writers to a three-ringed circus. Due to the complexity and excellence that is required, this method has fallen somewhat into disuse.

In the indirect or citrate method, the apparatus and the technique are very simple. The container, tubing, and needle are first treated with citrate solution. The amount of citrate necessary to prevent coagulation of 500 cc of whole blood is then placed in the receptacle, and after the needle is introduced into the vein of the donor, the blood is allowed to flow passively or under negative pressure in the receptacle until 500 cc of blood is obtained. During the time that blood is obtained the receptacle is slightly agitated to insure thorough mixing of blood and citrate.

The blood is then carried to the bedside of the recipient and through an ordinary sized needle introduced into the vein of the recipient; the blood is allowed to flow by gravity. Forty-five minutes is a fair time for the taking and administering of 500 cc of blood.

This technique is so simple that physicians everywhere can do blood transfusions as well as those done in metropolitan areas, provided they have capable laboratory technicians and adequate facilities. During the present war, transfusion of either whole blood or plasma has saved more lives than any other procedure.

In conclusion may I "hemotize" Lowell, when I say,  
Who gives himself with his blood helps three,  
Himself, his distressed neighbor, and me.

Very little has been learned in the field of preventive medicine that can be of much use for the individual person who acquires rheumatic fever and, in this respect, we must continue to do the best we know, which is little more than what was known to, and practiced by, the earlier physicians. But in the field of public health, great advances have been made and much can be accomplished, provided certain measures can be carried out for the whole community which result in real protection for the individual. This same situation is equally true for several other important diseases; for example, tuberculosis and infantile paralysis in which, in each case, the cause of the disease and the way in which it is spread is now well known, but where no specific form of treatment exists with which the individual patient may be relieved.—Hugh McCulloch, M.D., Minn. Med., Dec., 1944.

Quite a fascinating tale could be told of the influence, or lack of influence, of heredity in human cancer; but the best opinion today is to the effect that all human beings are rather susceptible to cancer if exposed to the right

forms of chronic irritation, and that very few of them have a very strong or really important tendency to cancer. Heredity cannot, therefore, stand in the way of cancer prevention.—Bulletin of the American Cancer Society, Inc.

We must always remember that good health is itself one of the best preventives of tuberculosis.—Fred H. Heise, M.D., NTA Bull., Jan., 1945.

When a nation goes to war, physical fitness of the young men of the country is a vital matter. Fortunately or unfortunately, fitness in our modern civilization, though desirable, is not so essential. Whether a man can chin himself seven times, or jump two feet, is not so important, but maintenance of good health is important. We can recollect many examples of individuals who would be rejected for military service, but have been outstanding in business, the professions and the arts. These men and women have triumphed in spite of physical disabilities.—Ed., Minn. Med., Dec., 1944.

## PRESIDENT'S PAGE

*To the Members of the Kansas Medical Society:*

In the past three weeks your president has had a great many things called to his attention. I feel these are very important and will need a great deal of discussion, both in committee and among the various members of the Society.

First, there is the Kansas Physicians' Service. We have gone over the contemplated fee schedule and have given it considerable study. Before any definite policy can be adopted a careful survey of these problems will be necessary. The committee realizes fully its responsibilities and is gearing itself to the work ahead.

Second, there is our Postgraduate Fund. We have been asked very specifically what we mean by postgraduate study and exactly what the program will offer to our returning men. We have a great many men who have had three years of intensive study along some specialized line but who, while in the service, were confined to technical work and were unable to make any practical application of their specialty. Many of these do not want to take a stereotyped postgraduate course. They have asked if we could not furnish them assistantships with well recognized doctors who would give them the opportunity to work in close association for thirty to sixty days. I have discussed this with various specialists and have found that we can arrange some of these courses. We have also considered approaching a number of hospitals, asking them to take five or six men and make them first operative assistants for a period of thirty to sixty days. They would be allowed to assist with many operations each morning and to make hospital rounds. An analogous plan could be arranged for those interested in medicine and other specialties. I think this is worthy of further consideration, and I intend to bring it before the committee on postgraduate work in the near future. For those who wish the more formal type of graduate work other arrangements are being made.

Our federal government has been very active. It is now working on a bill to appropriate one hundred million dollars for hospital construction. A delegation from the Kansas Medical Society and the Hospital Association will constitute a committee that will approve or disapprove the choice of these sites. I feel we should have a complete hospital survey made of the entire state. This should be done in advance so that when the hospital sites have been decided upon our committee will be fully informed of the conditions in each particular community. This is very important, as a hospital may be planned for a community where it may do considerable harm to a hospital which is already serving that locality. We should use every effort to improve our hospital facilities but, at the same time, we must preserve the hospitals which are already established.

The Kansas State Board of Health has a great diversity of functions. It operates on a yearly budget of approximately \$1,800,000, most of which is provided by the United States Public Health Service. This sum is used for various health projects, including the establishment of health centers and the subsidizing of various clinics. Under its present able management the Board cooperates and works with the medical profession of each locality on all of its projects. However, should there be a change of regime, there is a possibility that this friendly attitude may not continue. Also, the Wagner-Murray-Dingell bill has been introduced in Congress, asking for approximately four billion dollars for national health. If this "happiness and prosperity" program continues, providing great expenditures for national health, there will be only one thing left for our men returning from the service and for the younger generation of doctors about to enter the practice of medicine, and that is socialized medicine. Each community should anticipate these problems and plan for the future. It is only in this way that they will not lose their initiative and their individuality.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "W. Allen Smith, M.D.", written in a cursive style.

President

## EDITORIALS

### GERMAN MEASLES AND CON- GENITAL DEFECTS

In 1941 a report from Australia first called attention to the possibility that certain congenital malformations in an infant might be traceable to German measles occurring in the mother during the first trimester of pregnancy.

The Australian report studied a series of 78 infants in whom congenital cataracts occurred. In 44 of these a congenital heart lesion was also present. Almost without exception the mothers gave a history of rubella during the early stages of pregnancy.

In a later series of 31 mothers who gave birth to children with congenital defects, all but two had German measles during the first three months of pregnancy. Twenty-five of these had rubella during the first two months and all later gave birth to infants with congenital defects. Only 50 per cent of the mothers who developed rubella during the third month of pregnancy had congenitally defective children.

In August, 1944, Benjamin Roncs, M.D., published an article on this subject in *Medical Annals of the District of Columbia*. He reviewed his cases in the light of this possibility and found the same situation to exist. Dr. Roncs closes his article with these two paragraphs:

"It is not to be understood that all cases of congenital ocular abnormalities are due to an exanthematous disease in the mother during pregnancy. Undoubtedly many other factors can operate to produce such disturbances. However, Swan et al claim that all mothers with such exanthemata during the first two months of pregnancy will give birth to children with congenital abnormalities, and certainly my own findings tend to bear him out.

"Rubella has been regarded as one of the most innocuous of the exanthematous diseases. We are now faced with the fact that the virus attacking a pregnant woman before the placental barrier has been developed can cause a disturbance to the developing fetus, and particularly to the optic buds."

Last month the *Journal Lancet* added two more case reports to the 122 described in earlier articles. This paper, by Forrest H. Adams, M.D., University of Minnesota Medical School, agrees in substance with previous opinion on the subject. Dr. Adams advises that "every attempt should be made to prevent exposure to such a disease. If exposure occurs in spite of precautions, such prophylactic measures

as administration of pooled convalescent adult serum should be given a trial."

Here also is gathered a bibliography including 14 papers which could serve as a basis for someone wishing to investigate the subject further. Discussions on this topic have been heard in widely separated areas of Kansas. Opinions and statistics have been added locally to existing information.

The *Journal* will welcome a scientific paper on this subject. Perhaps such a paper could come from a study made jointly by the Child Welfare and Maternal Welfare Committees, thereby adding the benefit of statewide investigation.

### MEDICAL WORK IN ETO

The ending of hostilities in Europe means that the doctors, nurses, technicians and other personnel who comprise the Army Medical Department will now begin an even bigger job than they have been doing, reports Major General Norman T. Kirk, surgeon general. This means, he says, there is no immediate prospect for the general release of personnel.

The Medical Department, he pointed out, not only must continue to care for the sick and wounded but must also make immediate preparations for the redeployment of troops to the Pacific or this country.

One of the biggest tasks will be to give physical examinations to some 3,500,000 soldiers before they leave Europe. In addition, a goal of 90 days has been set in which to evacuate the sick and wounded from the European Theater to this country. Then there will be the final matter of redeploying the Medical Department personnel and equipment.

Soldiers whose condition necessitates a medical discharge will be given further treatment and necessary examinations in the United States. All soldiers, prior to discharge from the service, will be screened for tuberculosis, syphilis and other diseases, and for possible strains and other physical defects. Thus hospitals here will probably be operating at capacity with a critical need for medical personnel for many months to come.

### KANSAS PHYSICIANS' SERVICE

One day last month a man enrolled with the Blue Cross to become Kansas subscriber number 100,000. Within a few days a man entered the hospital to become number 10,000 for whom Blue Cross paid the bill. And all this in less than three years.

Now comes the Kansas Physicians' Service to offer the people of Kansas medical services on a similar basis in which the Blue Cross has provided hospital care.

Voluntary plans of this type grow slowly. The Blue Cross had a modest beginning. In fact, after  
(Continued on Page 196)

## EXECUTIVE OFFICE

### Wagner Bill — 1945 Model

On May 24 Senator Wagner of New York introduced his 1945 version of socialized medicine under the title of Social Security Amendments of 1945. Representative Dingell introduced a similar measure in the House of Representatives some time previously, so this action did not come as a surprise.

It was surprising, however, to find that this bill was considerably changed from Mr. Wagner's previous attempt. We have read the bill hastily, and received a definite impression that Mr. Wagner was trying to pacify the critics who objected to "socialized medicine." He has made a rather desperate attempt to preserve the intent of S.1161 and yet to make it appear so attractive to the medical profession that doctors will no longer object. It appeared to us that the entire bill had been reworded into flattering terms and pleas for cooperation whereby its author hoped the sting of coercion would be eliminated. It is certainly too early to comment on the meaning of all this or to predict the attitude of the medical profession or the public as a whole.

This much is certain, however, the 1945 edition of the Wagner bill, now numbered S.1050, is still socialized medicine containing the same underlying purposes that characterized its predecessor. It is certain that a program of this kind cannot be operated without authority, so we wonder even now how much importance will be attached to the flatteries contained therein.

The bill begins with appropriations for the construction of hospitals. This is similar to the popular Hill-Burton bill which has recently received considerable comment, except that Mr. Wagner, presumably going on the theory that if a little is a good thing more will be that much better, adds even greater benefits. A sum of \$5,000,000 is appropriated to assist states in making surveys of hospital needs. This is under the direction of the Surgeon General of the United States Public Health Service and committees appointed within the individual states. Up to 50 per cent of the state expenditures may be reimbursed through the use of Federal funds. For the first year \$50,000,000 is to be appropriated for hospital construction, and for each of the nine succeeding years \$100,000,000 is to be made available.

The hospital construction program must be approved by the Surgeon General and the Federal Security Administrator. States may receive from 25 to 75 per cent of the total cost of hospital construction, depending upon the wealth of the state in comparison to the national average.

The next general item is entitled "Grants to States for Public Health Services." Veneral disease and tuberculosis are listed separately. All other Public Health activities are grouped together. For each Mr. Wagner advocates an appropriation "sufficient to carry out the purposes of this sub-section."

There follows a section entitled "Grants to States for Maternal and Child Welfare Services." Beginning on June 30, 1946, it is recommended that sufficient funds should be allotted to assist states in this program. Tied with it is a benefit to be paid for crippled children's care. Each state is required to make a state-wide plan which must be approved by the Chief of the Children's Bureau and the Secretary of Labor.

Most interesting to the medical profession is the section on "Prepaid Personal Health Service Insurance." This program will be under the direction of the Surgeon

General of the Public Health Service and the Federal Security Administrator, together with an advisory council. This council is properly named the National Advisory Medical Policy Council and consists of the Surgeon General as chairman and 16 members appointed by him from nominations received from various medical, dental, nursing, educational, laboratory and hospital groups. The advisory council shall advise the Surgeon General on questions of professional standards, designation of consultants, hospital standards, etc.

Specialists or consultants shall be available only upon medical request. They shall be certified by the Surgeon General who "shall utilize standards and certifications developed by competent professional agencies and shall take into account the personal resources and needs of regions and local areas."

The bill provides that any physician licensed within a state is eligible to perform such services for which he is licensed. Patients are free to select any physician they wish and to change this selection as they desire. Services shall be paid for either on a fee basis, on a per capita basis, on a salary basis, or on any combination of the above as the "majority of the general medical and family practitioners . . . to be paid for such services shall elect."

Rate of payments, Mr. Wagner says, shall be adequate and in keeping with the annual income customarily received among physicians. These may be nationally uniform or adapted to suit local conditions and other factors.

Please note Senator Wagner's description of what he hopes to accomplish by this measure, which is quoted in full:

"The methods of administration, including the methods of making payments to practitioners, shall (1) insure the prompt and efficient care of individuals entitled to personal health service benefits; (2) promote personal relationships between physician and patient; (3) provide professional and financial incentives for the professional advancement of practitioners and encourage high standards in the quality of services furnished as benefits under this part through the adequacy of payments to practitioners, assistance in their use of opportunities for postgraduate study, coordination among the services furnished by general or family practitioners, specialists and consultants, laboratory, and other auxiliary services, coordination among the services furnished by practitioners, hospitals, public health centers, educational, research, and other institutions, and between preventive and curative services, and otherwise; (4) aid in the prevention of disease, disability, and premature death; and (5) insure the provision of adequate service with the greatest economy consistent with high standards of quality."

There are other things also in this bill of interest to medicine. Included now are dental and nursing benefits. Home nursing services may be provided, however, only on recommendation by the physician in charge. Hospital benefits at first will be limited to 60 days within a calendar year but will eventually extend to not more than 120 days. There is provision for grants to non-profit institutions engaged in research or in undergraduate or postgraduate professional education. For the first five years preference will be given those projects primarily aiding service men.

Eligibility has been broadened to include everyone whose wages are not less than \$150 a year. There is a tone which might be interpreted to leave certain classifications eligible to decide whether they want to participate or not. The taxation has also been changed. It is now four per cent for the employee for the first \$3,000. It is four per cent for the employer on each salary up to \$3,000. For self-employed persons, it is five per cent for the first \$3,600,

based on the average market value of the individual's goods.

Well, there it is. It has long been supposed that Mr. Wagner's previous measure was a trial balloon. If so, the criticism voiced by medicine has had its effect. S.1050 sounds much more voluntary. It appears to offer the medical profession more independence and more voice in the organization of its own affairs, and yet this question arises immediately. In a program as broad and as inclusive as this is it possible to maintain the individual practice of medicine? Is it even possible, as Mr. Wagner promises, to "promote personal relationships between physician and patient"? We wonder, in spite of its sugar coating, whether S.1050 is really very different from S.1161.

### Senator Wagner Explains

Just as the Journal went to press a letter was received from Senator Robert F. Wagner and a copy of the speech he made before the Senate on the day his bill was introduced. Believing his statements to be of interest to the medical profession, we print them here and invite each doctor to read them together with the summary of the bill printed above.

*Journal of the Kansas Medical Society*  
112 West 6th Street  
Topeka, Kansas  
Dear Dr. Mills:

On Thursday, May 24, I introduced with Senator Murray a bill, S. 1050, entitled: "The Social Security Amendments of 1945". The bill provides for "the national security, health and public welfare." Representative Dingell of Michigan introduced a companion bill (H. R. 3293) in the House at the same time.

I am forwarding the bill itself, and a copy of my speech in the Senate for your information and use.

I particularly invite your earnest study of the provisions of the bill relating to health. There is absolutely no intention on the part of the authors to "socialize" medicine nor does the bill do so. We are opposed to socialized medicine or to State medicine. The health insurance provisions of the bill are intended to provide a method of paying medical costs in advance and in small convenient amounts.

During the formulation of this bill, we have benefited greatly from the constructive advice and suggestions of practicing physicians, and of physicians in clinical and teaching positions. Their constructive suggestions have resulted in changes in the bill which we presented in the last Congress. Undoubtedly other changes will be made before this bill is enacted into law. We wish to have it known that we invite constructive suggestions from the medical profession.

In addition, members of the medical profession will be given full opportunity to voice their opinions in open hearings when the bill is considered in Committee.

I hope that you will print this letter in your Journal and that you will join me in urging the medical profession to undertake an earnest study of the actual provisions of the bill. In this way you can help immeasurably in avoiding misunderstanding and misinterpretation of the legislation and in stimulating physicians and medical and hospital organizations to come forward with constructive suggestions and advice.

Sincerely yours,  
Robert F. Wagner

There follow a few sections from the statements of Senator Robert F. Wagner of New York upon introduction of Social Security Amendments of 1945:

*I believe in the American system of free enterprise. I am confident that if the Congress does its part our American system of free enterprise will enter the post-war period stronger, with greater opportunities for a higher standard of living, for useful work, for production, for full employment, and with greater vistas of new markets and new products, than ever before. . . . Social insurance has not interfered with our system of free enterprise. On the contrary it has helped to make our system of free enterprise operate more smoothly and effectively. . . .*

*I am authorized to say that the Bill has the strong endorsement of the responsible and patriotic American labor leadership, organized in the American Federation of Labor and the Congress of Industrial Organizations; and of the National Farmers Union. The health provisions of the Bill have the endorsement of many persons and organizations working in medical care and related fields. Legislation providing grants for hospital construction has been endorsed by the American Medical Association, the American Hospital Association, the American Public Health Association and various labor, welfare, farm and other public organizations. Most of these organizations are in favor of provisions for additional Federal funds for public health and for maternal and child health activities. . . .*

*Propagandists against health insurance shout, "regimentation" of doctors and patients, "lowered standards," "political" and "socialized" medicine, and so on. But health insurance is not socialized medicine; it is not State medicine. Health insurance is simply a method of paying medical costs in advance and in average amounts. It is simply a method of assuring a person ready access to the medical care that he or she needs by eliminating the financial barrier between the patient and the doctor or the hospital. Therefore, it should be obvious that health insurance does not involve regimentation of doctors or patients. Neither do I believe that the doctors of this country will lower the standards of medical care simply because they are guaranteed payment for their services.*

*There are many individuals, honest and sincere in their desire for improved conditions, who nevertheless fear any change, and distrust all new social legislation. Those of us who have sponsored social legislation have faced similar opposition against many proposals for social betterment, but we have persevered and succeeded, and we have seen these new programs accepted as part of our basic system of American freedom and democracy. . . .*

*The fears and doubts expressed about workmen's compensation, unemployment insurance, and other measures for social security have proved to be without foundation. In the future, when we have succeeded in our struggle for a comprehensive health program for the entire country, we will be able to say about health insurance too, that present day apprehensions and misgivings were groundless. . . .*

*There has been much misunderstanding about the part that voluntary hospitals, group service organizations, existing voluntary insurance or prepayment plans and similar agencies may play in the social insurance system. Let me emphasize that our Bill makes a place for them, so that they can continue their good work. All qualified hospitals, all qualified medical groups or organizations, will be able to participate in the program as organizations that will furnish services to the insured persons who choose them; they will receive fair payments for the services they furnish as insurance benefits; and they will have enlarged opportunities to be service agencies for particular groups or for their communities. This applies to service organizations created by trade unions, consumer groups, employers, non-profit community groups, churches, fraternal associ-*

ations, groups of doctors or individual doctors, medical societies, or many other kinds of sponsors, or combinations of sponsors. The bill not only provides for utilizing existing service organizations, but it also encourages the creation of new ones.

The Blue Cross hospital insurance plans will be able to continue to act as representatives of the participating hospitals and the community groups that own or manage the hospitals, and they will have large opportunities to be important public organizations that facilitate the administration of vital parts of the insurance system. The same will be true for many other community and public organizations.

Medical service groups (private clinics, salaried staffs of hospitals, group-service plans such as the Kaiser or the Ross-Loos plan) furnishing service under the social insurance system would be as free as they are today to select their own staffs and their own method of paying physicians and others on their staffs, irrespective of the method of payment which prevailed among the individually practicing physicians or dentists of the local area. . . .

High standards of medical care are protected and encouraged through incentives for the professional advancement of doctors, post-graduate study, professional education, research, and the availability regardless of the patient's ability to pay—of consultant and specialist services, hospital and similar facilities, laboratory services and X-ray services to all. Provision is made for the addition of dental and home nursing services as rapidly as practical. The bill is clear in requiring that the arrangements to provide the medical and related services shall be worked out so that they are mutually agreeable to the administrative officers and to those who agree to furnish the services. . . .

The plan embodied in this bill is an American plan, geared to the wage scale and standards of living of the individual families in various sections of the country. The plan provides for a practical program within our ability to pay. The program is a practical one in a much higher sense. Our democracy could provide no better bulwark against the troubled times which may be ahead, than to develop this dignified, all-embracing plan for social security upon which each family can build its own future by its own efforts.

### National Posture Week Observation

Television's first public health educational presentation inaugurated the seventh annual National Posture Week over the facilities of the National Broadcasting company early in May. Dr. Armitage Whitman, associate professor of clinical orthopedic surgery at Columbia University, keynoted the program.

National Posture Week, pivot of the year-around activities of the Samuel Higy Camp Institute for Better Posture, was observed from coast to coast through the cooperation of physicians, surgeons, community health officers, nurses and other groups who assisted with programs and exhibits in schools, churches and industrial plants. Literature emphasizing medical counsel, nutrition, relaxation and sensible exercise crossed the 3,000,000 mark this year.

In sketching the historical background of penicillium notatum, Brigadier General Hugh J. Morgan, USA, chief consultant in medicine to the surgeon general, reminded the Kentucky State Medical association that penicillium notatum has been found in decaying hyssop, originally a European plant. Noted for its highly aromatic and pungent leaves, it was often cultivated in gardens and now has come to be identified with the state of Kentucky. It is mint!

### Cancer Control

On Thursday, May 24, a group met to discuss the future of the cancer control program in Kansas. Present were the Committee on the Control of Cancer of the Kansas Medical Society, representatives from the State Board of Health, and a group of leaders from the Field Army of the American Cancer Society. In a discussion that lasted almost all day, this group tried to formulate plans that would guide future activities of these agencies interested in cancer control in this state.

The Field Army is anticipating larger donations this year than ever before. This organization will have money to use for some constructive purpose in Kansas, and therefore is vitally interested in planning along these lines. The State Board of Health, having recently received an appropriation of \$12,000 a year with which to operate a Division of Cancer Control, is interested in correlating its efforts to those already operating in the field and in making this division useful both to the medical profession and the lay public of the state. The committee from the medical society of course is interested in all phases of the work.

An outline was developed somewhat as follows: The objective for all agencies working in the field of cancer control is saving life. In order to accomplish this, it was determined that work must be done in four lines:

1. Adequate education.
  - A. Professional
  - B. Public
2. Early diagnosis and adequate diagnostic facilities.
3. Adequate professional care.
  - A. Medical
  - B. Hospital
  - C. Efficient follow up
4. Research
  - A. Statistical
  - B. Scientific

The net results of this preliminary conference were that a clearer view of the problem has been obtained and that the three agencies represented will be able to work together with better understanding and can now coordinate their efforts.

### Future of Medical Officers

For whatever it may mean, we are reporting here a commentary recently received concerning physicians being discharged from military service.

The Council on Medical Service and Public Relations of the American Medical Association sends a news letter periodically on various subjects of interest to the state medical societies. In the letter of May 26 is mentioned the fear that officers will be transferred to the Veterans' Administration, and it explains that the Committee on Post-War Medical Service protests vigorously against such action.

The only consolation they have to offer is whatever may be derived from the following sentences: "So far Army and Navy higher-ups have given no definite answers but something is in the air. However, until definite word is received, it must be assumed that medical officers will continue to be discharged for disabilities—perhaps a bit more rapidly than in the past—but no great mass of discharges will be forthcoming. Return of a few doctors who are certified as holding key teaching positions in medical schools may be anticipated."

Medicine is the only profession that labors incessantly to destroy the reason for its own existence.—James Bryce.

# "don't smoke..."

*IS ADVICE HARD FOR  
PATIENTS TO SWALLOW!*

May we suggest, instead,  
*SMOKE "PHILIP MORRIS"?*  
Tests\* showed 3 out of every  
4 cases of smokers' cough  
cleared on changing to  
PHILIP MORRIS. Why not  
observe the results for  
yourself?

\*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

### Favorable Comment on K.P.S.

Since the first public announcement of Kansas Physicians' Service many favorable comments have reached this office. People are talking about the medical pre-payment plan and are anxious to participate in the program.

Several newspapers have published editorial comment on this subject, of which the following article is an example. "The MD's Step Out" appeared in the Hutchinson News-Herald on May 14. It is reprinted here to illustrate the enthusiasm with which the Kansas Physicians' Service is being received.

"Praise to the Kansas MDs for busying themselves immediately on setting up a non-profit organization to take advantage of the action of the last legislature permitting the establishment of group medicine in the state.

"Within a matter of weeks it should be possible for any Kansan, by the payment of a small fixed payment each month, and through an organization comparable to the Blue Cross which has so successfully brought about group hospitalization, to provide himself with all the doctoring he needs short of that requiring a surgeon or obstetrician.

"This move of the MDs is of course an effort to ward off 'socialized medicine' but that is nothing against it. No one wanted socialized medicine unless there was no other way of bringing to the astonishing proportion of the people who lack it the medical care they need. The Kansas MDs have a promising enough answer to the problem to be given every encouragement in carrying it out."

When the plan goes into actual operation, editorial comment will be more frequent. It now tends to be favorable, anticipating that the Kansas Physicians' Service will offer what the public has long requested. As long as the medical profession provides this service the newspapers, we feel certain, will continue to reflect the public's satisfaction.

### Meeting Is Postponed

The meeting of the House of Delegates of the American Medical Association, tentatively scheduled for May and later changed to July, has again been postponed, according to an announcement made recently by Dr. Olin West, secretary of the A.M.A. An attempt is being made to secure permission from the War Committee on Conventions, Office of Defense Transportation, to hold the meeting at a later date.

### Army Medical Research Board

A medical research board has been set up in the office of the Surgeon General to coordinate all medical department research with other staff agencies and components of the Army as well as with agencies outside the Army.

Major General George F. Lull, deputy surgeon general, is president and Colonel Thomas B. Turner, assistant director of Preventive Medicine Service, is assistant to the president. Lieutenant Colonel Leon H. Warren, chief, research coordination branch, technical division of the Operations Service, is recorder.

The executive committee for the board includes specialists from Preventive Medicine Service, Veterinary Division, Dental Division, Supply Service, Communicable Disease Treatment Branch of Medical Division, Technical Division of Operations Service and General Surgery Branch of Surgical Division.

In a recent address in Sheffield, England, Herbert Morrison, Home Security Minister, said that 50,324 British civilians had been killed by bombs and 163,075 had been injured, since the start of World War II.—Ohio State Medical Journal.

### Longevity in 1943

The average length of life of the American people in 1943, as computed by the Metropolitan Life Insurance Company from the mortality then current, was 64½ years, or only one third of a year less than the peak reached in 1942. These figures reflect the experience of the entire population within the United States, both civilian and military, but the data exclude the experience among men and women serving overseas and elsewhere beyond the borders of our country.

In the report on longevity in its Statistical Bulletin, the Metropolitan company attributes the slight setback in 1943 to the high toll taken by the influenza epidemic which swept the country toward the close of the year. Two other factors also played a major role in reducing the average length of life of the resident population, the report continues. In the first place, very large numbers of the healthiest males at the prime ages of life were withdrawn for service overseas in 1943, so that they were excluded from the experience. Secondly, among the young men still in the country there was a sharp rise in mortality from accidents, especially in connection with military aviation. As a result, the average length of life of white males on the basis of mortality conditions in 1943 was reduced to 63.16 years, one half year less than in 1942. For white females with an average of 68.27 years, the corresponding reduction was only one third of a year.

Among colored persons the change in experience from 1942 to 1943 was more favorable than among the white. Colored males, with an average of 54.65 years in 1943, gained almost two-fifths of a year, while the figure for colored females remained practically unchanged at 58 years.

### Courses for Army Doctors

Since the start of World War II, more than 6,000 selected medical officers have been graduated from short but intensive courses given by the medical department in some 30 critical medical and surgical specialties, according to Major General George F. Lull, deputy surgeon general. In addition, refresher courses in general medicine and surgery provide medical officers with a chance to "brush up" before returning to professional assignments after other duty.

Many doctors also benefit while in service from working under key professional personnel in military hospitals. Other medical officers who have been on duty with combat troops in the field are given an opportunity to brush up on their specialty through the rotation policy.

General Lull reported that 350 doctors have been reassigned from field to hospital duty during the past year in the Mediterranean Theater and "the merit of intra-theater rotational plans has been pointed out to other theaters, and is being encouraged in order that the maximum number of doctors might receive refresher training while they are still in military service."

Naturally, professional training of medical corps officers during military service must be restricted to meet military rather than civilian requirements. However, General Lull said, the Surgeon General is keenly interested in the welfare of these doctors and will provide "insofar as is possible" opportunities for professional training.

In the post war period, he added, all doctors will be entitled to professional training, after their release from service, under the G. I. Bill of Rights, and those who remain in the Army will have the opportunity for refresher training at selected military hospitals and civilian schools.

Wyeth

# Peptic Ulcer Prophylaxis

... "ONE OF THE MOST IMPORTANT PHASES OF ULCER MANAGEMENT"

THE LITERATURE<sup>1-4</sup> stresses the high incidence of recurrence in peptic ulcer and the need of constant vigil against flare-up. A return to the ulcer regimen—special diet, rest, antacids, etc.—is said to be particularly advisable during spring and autumn<sup>4</sup> and following emotional storms.<sup>5</sup>

Phosphaljel\*, with its antacid, astringent and demulcent properties, provides an appropriate adjunct to such peptic ulcer prophylaxis. The value of a good buffering agent "is almost self-evident"<sup>6</sup> for this purpose, as well as for more resistant conditions, such as gastrojejunal ulcer, which have also been found to respond to Phosphaljel therapy<sup>7</sup>.

\*Reg. U. S. Pat. Off.

## PHOSPHALJEL

ALUMINUM PHOSPHATE GEL

Wyeth



Supplied in  
12-fluidounce bottles

1. Backus, H. L.; Gastro-Enterology 1:471, 1943, W. B. Saunders Co., Phila. 2. Hurst, A.; Practitioner 152:193, 1944. 3. Berk, J. E.; J. Med. Soc. N. J. 41:365-370, 1944. 4. Rehfuess, M. E.; Indigestion, Its Diagnosis and Management, Phila. W. B. Saunders Co., 1943, pp. 241-243. 5. Alvarez, W. C.; Gastroenterology, 2:65-67, 1944. 6. Selye, H. and MacLean A.; Amer. J. Dig. Dis. 11:319-322, 1944. 7. Fauley, G. B., et al.; Arch. Int. Med. 67:563-578, 1941.

## KANSAS PHYSICIANS' SERVICE

*(Continued from Page 189)*

nearly three years of operation, this program is only now gaining momentum. The Kansas Physicians' Service will not approach state-wide coverage over night. A steady growth will be experienced. Month by month more people will enroll until it is universally approved. That time will come sooner than you think.

A plan so universally successful elsewhere, a plan so constantly requested by the public, must be successful. Dr. Barrett A. Nelson, president, will be a most capable director. His wide knowledge of this subject, his interest in the medical profession, his sound judgment, his unbounded enthusiasm and his confidence are of untold importance to the success of this program.

It is fortunate also that the Blue Cross of Kansas is directed by Mr. Sam J. Barham, a most capable young executive, whose interest in the medical profession is intelligent and sincere. Not only did Mr. Barham pioneer the Blue Cross in Kansas but having been assistant director of the Massachusetts Hospital Service, when the successful Massachusetts Medical Service was being placed into operation, he is thoroughly familiar with the type of service we are asking him to make available to the public in Kansas.

Primarily this program is to benefit the people of this state who become financially disturbed when illness strikes. It is an attempt by the Kansas Medical Society to be of greater service than before. It is a

venture into the field of public relations. There is no doubt whatever that the public will welcome this program. Its ultimate degree of success will directly correlate with the cooperation given by the medical profession.

And, incidentally, the doctor will approve of the schedule of benefits which compares favorably with usual charges for similar services. The doctor will enjoy freedom from collection difficulties. He will learn to his complete satisfaction that except for two details nothing regarding the physician-patient relationship has been disturbed by the Kansas Physicians' Service.

The first detail is the method of collection. That is just as definitely to the advantage of the physician as it is to the patient. The second pertains to the low-salaried person. For this man, the plan represents service. All others receive indemnity. In other words, except for the lowest income group, the physician will continue to charge exactly what he formerly charged for his services, regardless of the schedule of benefits. The physician's responsibility toward the patient is unaltered. The patient continues to select the physician as he did before.

Kansas Physicians' Service is today almost ready for operation. The Board of Directors has been elected. Contracts have gone to the printer. Arrangements are being completed with the Blue Cross. The public has only a little while to wait and then this historic enterprise, possibly the most important ever adopted by the Kansas Medical Society, will become reality.

**PRESCRIBE OR DISPENSE**

A complete line of laboratory controlled  
ethical pharmaceuticals. KA 6-45

*"Chemists to the Medical Profession for 43 years"*

**ZEMMER****PHARMACEUTICALS****THE ZEMMER COMPANY**

Oakland Station  
PITTSBURGH 13, PA.

**RADIUM***(including Radium Applicators)***FOR ALL MEDICAL PURPOSES****Est. 1919****Quincy X-Ray & Radium Laboratories***(owned and directed by a Physician-Radiologist)***Harold Swanberg, B.S., M.D., Director****W. C. U. Bldg.****Quincy, Illinois**

*The Neurological Hospital, 2625 The  
Paseo, Kansas City, Missouri. Oper-  
ated by the Robinson Clinic, for the  
care and treatment of nervous and  
mental patients and associated condi-  
tions.*



## By the light of the moon

Might as well expect the average child to get adequate vitamin D "by the light of the moon" as to depend wholly on the sun. Even in the summertime when the sun is shining many children are not as exposed to it as we might think. Cloud filtration and the uncertainty of adequate exposure even in such sunny areas as California<sup>1</sup> have led leading nutritionists to the conclusion that supplementation with vitamin D is essential. Essential as long as growth persists—through infancy, childhood and adolescence.

Regardless of season or geography, Upjohn makes available convenient, palatable, highly potent natural vitamin preparations to meet the varied clinical requirements of earliest infancy through late childhood.

## Upjohn Vitamins

1. Am. J. Dis. Child. 54:1227, 1937.



## Upjohn

KALAMAZOO, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

## Red Cross Home Nursing

In an effort to spare the physician, the nurse, and the hospital in these war-busy times, the American Red Cross has taught free courses in home nursing to more than one and a quarter million persons, providing training for homemakers in handling simple illness, in building better health and in understanding community and public health measures.

The home nursing course originated in 1908 when Mabel Boardman, a charter member of the American Red Cross Central Committee, gave a series of talks to women on medical topics. The course gained in popularity during World War I, dropped into a state of limited activity at the war's close, and became popular again after Pearl Harbor.

The standard course requires a minimum of 24 hours, and a streamlined course, designed for very busy, hard-to-reach adult groups and covering only basic procedures, requires 12 hours.

Among the specific things stressed in the course are the following:

How to recognize the most common signs of illness.  
What information to give the doctor when he is called.  
How to carry out the various procedures he may recommend.

How to take temperature and read a thermometer.

How to give an enema.

How to bathe and handle a bedfast patient with least disturbance and effort.

Bedmaking.

Methods of keeping proper records for the doctor's information.

Methods of disposal of excreta and handling of contagious diseases within the home.

Preparation of proper diets for the patient.

Understanding of public health problems.

## Two Army Doctors Decorated

The silver star medal was awarded recently to Capt. Cornelius A. Mahoney, Army Medical Corps, and the Legion of Merit was awarded posthumously to Col. Jarret M. Huddleston, former Corps Surgeon of the Fifth Army, according to announcement by the office of the Surgeon General.

Capt. Mahoney's award was made at the recommendation of the Navy for "conspicuous gallantry and intrepidity in action while serving as Ship's Surgeon aboard the U.S.S. LST 315 during the amphibious invasion of Sicily in July, 1943."

Col. Huddleston, one of the first regular Army Medical Corps colonels to die in action in this war, was killed in Italy February 9, 1944. He had served overseas in the first war and after the Armistice had remained with the Army of Occupation in Germany.

## Radio Transcriptions Available

"Health Problems in Adult Life" is the theme of a new series of electrical radio transcriptions released April 1 by the A.M.A. Bureau of Health Education. Thirteen 15-minute "platters," designed for weekly broadcasts, make up the series and may be obtained without charge by any responsible group approved by its local medical society. No charge is made for the series, the only expense being the cost of returning the used records.

Requests should be forwarded to the Bureau of Health Education, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.



BUY WAR BONDS FIRST



## Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)  
Incorporated not for profit

### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting June 18, July 2, and every two weeks during the year. One Week Course Surgery of Colon and Rectum June 11 and September 10.

**GYNECOLOGY**—Two Weeks Intensive Course June 18. One week Personal Course Vaginal Approach to Pelvic Surgery July 9.

**OBSTETRICS**—Two Weeks Intensive Course June 4 and October 8.

**ANESTHESIA**—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

**ROENTGENOLOGY**—Course in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

**UROLOGY**—Two Weeks Course and One Month Course every two weeks.

**CYSTOSCOPY**—Ten Day Practical Course every two weeks.

**ELECTROCARDIOGRAPHY & HEART DISEASE**—Two Weeks Intensive Course starting August 6.

**GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES**

**TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL**

Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.

## Support the 7th War Loan Drive

### BUY WAR BONDS

Let's get this over in a hurry.

Next, get about a days extra time

Then send the Rx to

Q-D and hope for the best.

## QUINTON-DUFFENS OPTICAL COMPANY

Independent

TOPEKA

HUTCHINSON  
KANSAS

SALINA



*An Announcement of Interest  
to Every Member of the Medical Profession*



# “THE DOCTOR FIGHTS”

*Now on the Air Every Tuesday with a Distinguished Cast*

AGAIN you will hear, brilliantly dramatized, recent outstanding achievements of physicians both overseas and on the homefront. The message brought by “THE DOCTOR FIGHTS” will make it a program of exceptional interest to you.

*Tuesday Evenings:* COLUMBIA BROADCASTING SYSTEM

8:30 CWT

**SCHENLEY LABORATORIES, INC.**

*Producers of* PENICILLIN SCHENLEY • *Executive Offices:* 350 FIFTH AVENUE, N. Y. C.

## COUNTY SOCIETIES

The Cowley County Medical Society met April 19 at Winfield with Dr. H. L. Lutz, Augusta, as speaker. His talk on "Psychosomatic Medicine" was followed by general discussion.

The Labette County Medical Society sponsored a meeting May 15 to which were invited leading business people of the city of Parsons to discuss plans for the creation of a cancer clinic. The county group intends to operate the clinic as a society project with the various doctors in Parsons who are interested in cancer control participating in its operation. The medical society is asking the community to conduct a campaign to raise a fund of \$30,000 to be used to purchase equipment and to organize the clinic.

At the time of this first meeting there seemed to be considerable interest from the business people of the town, and several members of the medical society expressed the belief that the project would be successful.

Members of the Central Kansas Medical Society were guests of the medical staff of the Walker Army Air Field, Victoria, during the afternoon and evening of June 7. An introductory welcome was given by Lt. Col. Joseph H. Gamet, base surgeon, after which the following scientific topics were represented: "Surgical Aspects of Aircraft Accidents," Major William S. Elliott, chief of surgical service; "The Flight Surgeon and Aviation Medicine," Capt. William C. Parks, base flight surgeon; "Recent Trends in Otolaryngology," Capt. Howard M. Seitz, chief of ENT service; "Malingering and Differential Diagnosis," Capt. Stanley C. Stroff, chief of out patient service; "Comments on Rheumatic Fever," Capt. Harold H. McLemore, chief of medical service; "Virus Pneumonia, Diagnosis and Therapy," Capt. Warren R. Wilkins, communicable disease officer; "Malaria," motion picture. Dinner was served at seven o'clock with Col. Claude E. Putnam, station com-

mander, and Lt. Col. Elmore G. Brown, deputy station commander, as speakers.

A meeting of the Northwest Kansas Medical Society held at St. Francis on April 22 was attended by 24 physicians from Kansas, Colorado, and Nebraska. Dr. J. H. A. Peck, Dr. T. J. Walz and Dr. Lucille Carman were hosts.

Officers were elected as follows: president, Dr. T. J. Walz, St. Francis; vice president, Dr. George D. Marshall, Colby; secretary-treasurer, Dr. Lucille Carman, St. Francis. Dr. T. D. Cunningham and Dr. Murphy of Denver were guest speakers, and Dr. J. H. A. Peck gave his report as councilor of the ninth district of the Kansas Medical Society.

After the afternoon meeting the host physicians entertained the group at dinner at the Peck home.

The Marion County Society met May 2 at Hillsboro. Dr. L. E. Peckenschneider, Halstead, discussed "Hypertension," and Dr. G. J. Goodsheller, Marion, reviewed "Combined Treatment of Pneumonia with Penicillin and Sulfadiazine with Case Histories."

## War-Time Medical Meetings

A war-time graduate medical meeting has been scheduled for June 14 at the A. A. F. Regional Hospital, Smoky Hill Army Air Field, Salina. Dr. Ira H. Lockwood will discuss "X-ray Findings in Abdominal Pathology," and Dr. Vincent T. Williams will speak on "Shock, Burns and Blood Derivatives." Doctors J. V. Bell, L. P. Engel, A. E. Bence and J. P. Berger were guest speakers at two previous programs at the Smoky Hill base on April 12 and May 10.

Speakers at the March and April graduate medical meetings at the Fort Riley hospital were Doctor Herbert L. Mantz, W. W. Buckingham, C. Edgar Virden, E. H. Skinner, Carl B. Schutz and Claude J. Hunt.

## Free to Doctors and Hospital Superintendents!

During the twelve years I served as president of the Kansas City, Kansas, Unit of the National Retail Credit Association, I prepared and delivered at the meetings of that organization a series of lectures on collections and related subjects.

At the insistence of many of those who heard these lectures, I published them in book form and that book, "Proven Plans To Speed Collections," now in its fourth printing, has been bought by persons in 43 states of the Union, Canada, Australia and Hawaii at \$5 per copy.

I have now decided to make the information in that book available in condensed form in a monthly bulletin, with my compliments, if enough persons are sufficiently interested to ask for it.

This bulletin will be chock full of collection ideas, plans, letters and paragraphs, as well as suggestions for statement notations, tracing tricks and labor saving office short cuts.

It will contain no advertising but I feel that you will appreciate the information enough to remember me when you DO have accounts for collection.

If you would like to receive such a monthly bulletin absolutely without cost or obligation, just drop a line to that effect, on your business letterhead, to David Morantz, Manager

## MORANTZ MERCANTILE AGENCY

SECOND FLOOR, GROSSMAN BLDG., KANSAS CITY, KANSAS

CONSTRUCTIVE COLLECTORS OF CURRENT AND PAST DUE ACCOUNTS SINCE 1913

Reference: SECURITY NATIONAL BANK, KANSAS CITY, KANSAS

**Hot weather  
presents no  
problem when  
Lactogen  
is used for  
infant  
feeding  
... because**



...when refrigeration is not available, each feeding may be prepared separately. The doctor can always advise the mother to prepare individual LACTOGEN feedings whenever the baby is ready for his bottle. Preparing each LACTOGEN feeding just before feeding time safeguards the baby against the danger of nutritional upsets caused by bacteriological changes in the formula.

### EASY TO PRESCRIBE

#### **LACTOGEN + WATER = FORMULA**

1 LEVEL TABLESPOON  
40 CALORIES  
(APPROX.)

2 OUNCES

2 FLUID OUNCES  
20 CALORIES  
PER OZ. (APPROX.)

No advertising or feeding directions except to physicians. For feeding directions and prescription pads, send your professional blank to

**Nestlé's Milk  
Products, Inc.**

155 EAST 44TH ST., NEW YORK, 17, N. Y.

## MEMBERS

Dr. H. S. Dreher, who has practiced in Luray for more than 25 years, announced last month that he is moving to Salina to practice at the Mowery clinic. He will return to Luray on Thursday of each week for office appointments.

D. J. C. Ulrey, St. John, has been named health officer for Stafford county.

Dr. Clay E. Coburn, Kansas City, an officer of the Kansas State Tuberculosis and Health Association for the past 25 years, eleven years as president, was honored at a dinner given by the executive board of the association on May 3 at the home of Mrs. W. C. Miller, Kansas City.

## Announce Partnership

Dr. Herlan O. Loyd and Dr. George C. Meek have announced the formation of a partnership in Arkansas City and will set up offices in a building which they recently purchased. Dr. Loyd will specialize in internal medicine and diagnosis and Dr. Meek in surgery and obstetrics.

Dr. Loyd is now taking post graduate work in Ann Arbor, Michigan, and Dr. Meek recently returned from Chicago where he took advanced training in surgery. Before moving to Arkansas City, Dr. Meek practiced in Little River.

## Alpha Omega Alpha Society

Dr. Lewis J. Moorman, Oklahoma City, gave the annual William W. Root lecture of the Alpha Omega Alpha Society at the University of Kansas School of Medicine on May 3. The title of his address was "Tuberculosis and Genus."



## THE BROWN SCHOOL

An exclusive year round school for children with educational and emotional difficulties. Under supervision of registered psychiatrist, resident physician, registered nurses, and technically trained teachers. Individual instructions in all academic subjects, speech, music, home economics, and arts and crafts. Separate units for different types of children. Farm and Ranch school for older boys. Private swimming pool. Fireproof buildings. View book and other information upon request.

BERT P. BROWN, DIRECTOR

Box 177, San Marcos, Texas

Box 3028, South Austin 3, Texas

## British Invention Saves Lives

A fabric envelope to enclose and irrigate burns and open wounds, the invention of Lt. Comdr. Bunyan of the Royal Navy, has been the means of saving thousands of lives and limbs, reports British Information Services.

After many years of experimentation and study, Lt. Comdr. Bunyan discovered that irrigation with sodium hypochlorite could save the lives of many whose wounds and burns were so severe that their cases would have been considered hopeless otherwise. The dressing eliminates pain entirely, and can remain on the wound for a period up to three months. A silk manufacturer in England, Mr. Stannard, devoted considerable time and money to perfecting the fabric of the envelope.

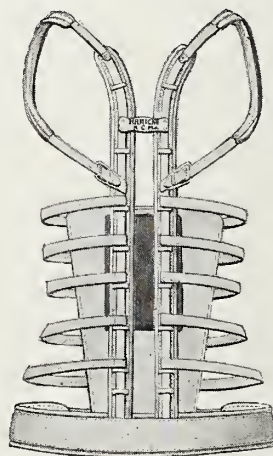
The envelope is being widely used by the Allied forces in Asia and Europe, and bomber crews are being supplied with emergency packs that can be applied by the wounded man himself. The fact that it is being used extensively by the American forces is an additional tribute to its effectiveness.



BUY  
WAR  
BONDS  
AND  
STAMPS

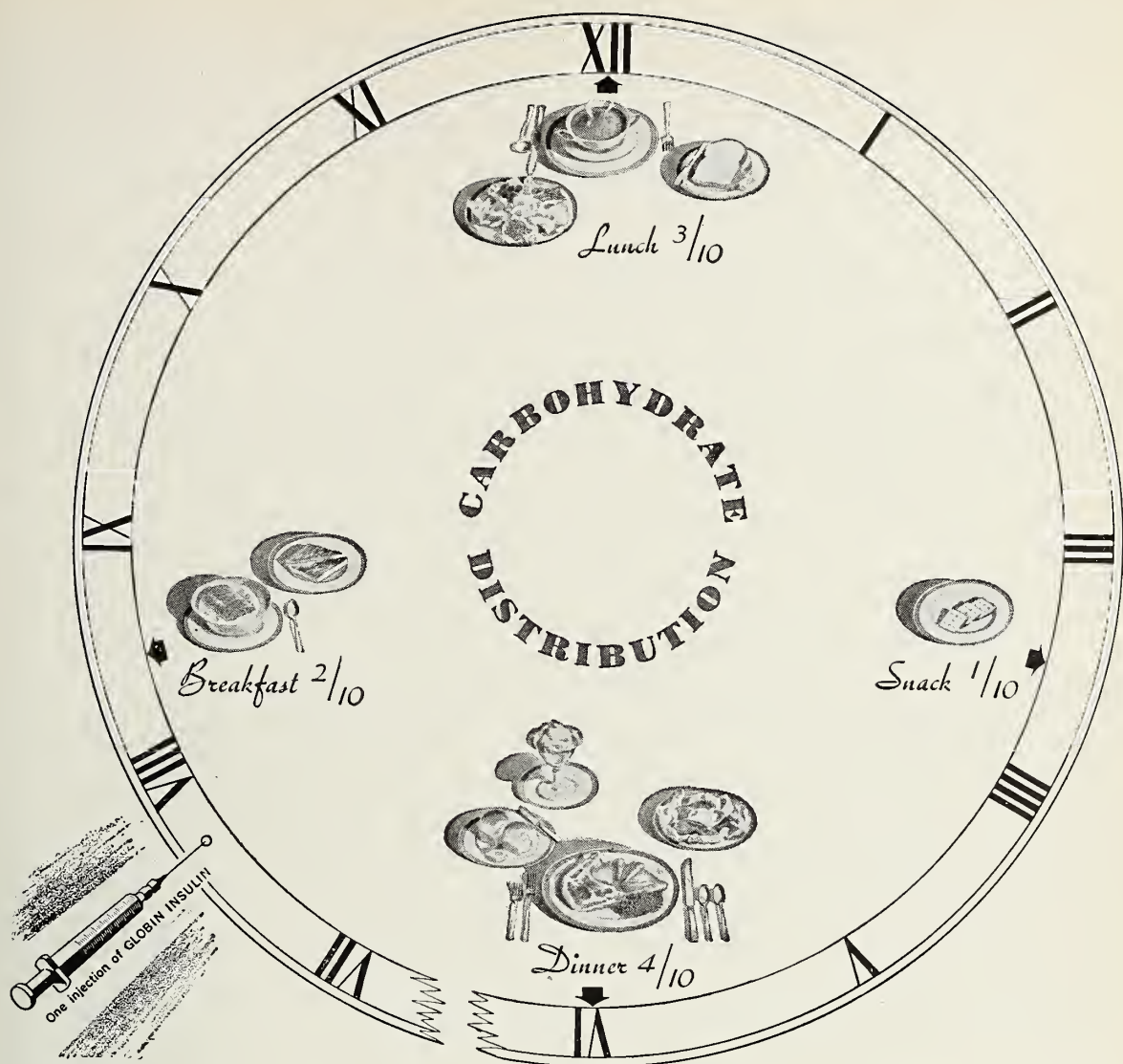
## Taylor-Type Back Brace

For  
Fracture of Vertebrae



P. W. HANICKE MFG. CO.

1013 McGee Street  
KANSAS CITY, MISSOURI  
Telephone Victor 4750



## DIABETES CONTROL *in tenths*

The physician planning a diabetic's diet with 'Wellcome' Globin Insulin will find it convenient to divide his patient's carbohydrate intake into tenths. Two-tenths for breakfast, three-tenths for lunch, one-tenth for a mid-afternoon snack, and four-tenths for supper will be found satisfactory for most patients.

Such a regime plus one injection of Globin Insulin daily will control most mild, moderate, and many severe cases of diabetes. Action is rapid in onset, sustained during daytime activity, and diminished at night—thus minimizing the likelihood of nocturnal reactions.



'Wellcome' Globin Insulin with Zinc is a clear solution and, in its relative freedom from allergic properties, is comparable to regular insulin. Council accepted. Developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc.

'Wellcome' Trademark Registered



Literature on Request



BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9 & 11 East 41st Street, New York 17, N.Y.

## DEATH NOTICES

**E. D. Ebright, M.D.**

Dr. E. D. Ebright, prominent orthopedic surgeon who served as president of the Kansas Medical Society in 1923, died at a Wichita hospital on May 13 after a month's illness.

Born near Chicago in 1873, he came to Kansas at the age of 12 and attended schools in Kansas and Missouri, graduating from the Kansas City Medical College in 1896. He later took graduate work at Jefferson Medical College, Philadelphia, and began specializing in orthopedic surgery in New York City. During World War I he served as a captain in the Medical Corps.

Dr. Ebright began practice in Wichita after being released from the service, and during his years there was active in the work of the Kansas Crippled Children's Society. He was awarded membership in the American College of Surgeons in 1916, was a fellow in the American Medical Association and was an active member of the Sedgwick County Medical Society.

**M. A. Finley, M.D.**

Dr. M. A. Finley, 76, died at his home in Emporia on April 26. He had been practicing there since 1925, and before that time had practiced in Cherryvale for many years. He was graduated from the St. Louis College of Physicians and Surgeons in 1897. A member of the Lyon County Medical Society, he was also a fellow in the A.M.A.

**J. B. Henry, M.D.**

Dr. J. B. Henry, 67, a practicing physician in Lawrence for the past 28 years, died May 8 at the Lawrence Memorial hospital. He had not been well for some time, but had continued his work. Born in Lawrence, he attended school there and received his A. B. degree from the University of Kansas, and

later studied at the University Medical College of Kansas City, graduating in 1903. He practiced a short time at Central City, Colorado, and Scandia, Kansas, before opening his office in Lawrence.

**Mack L. Ross, M.D.**

Dr. Mack L. Ross, 66, practicing physician in Topeka for 32 years, died May 21 after an illness of two weeks. He was a member of the Shawnee County Medical Society and Omega Psi Phi fraternity.

Dr. Ross was graduated from Meharry Medical College, Nashville, Tenn., in 1913, and later did graduate work at Kansas University.

**Charles W. Cole, M.D.**

Dr. Charles W. Cole, 67, died at his home at Norton May 20, after having suffered a heart attack ten days before.

He had practiced in Norton, specializing in eye, ear, nose and throat work, since his graduation from Central Medical College of St. Joseph, Missouri, in 1903, frequently taking post graduate work in his chosen specialty.

**S. S. Glasscock, M.D.**

Dr. S. S. Glasscock, 83, a practicing physician for more than 50 years, died at Goodland April 28. He had practiced in that part of the state, at Norton, Goodland and Brewster, for about 18 years, and before that time had practiced about 25 years in Kansas City, Kansas, where he operated the Grandview sanitarium, and in Rogers, Arkansas.

He was graduated from Rush Medical College, Chicago, in 1887, and after a short period of practice in Excelsior Springs, Missouri, went to Vienna, Austria, to take post graduate work.

**THE TROWBRIDGE TRAINING SCHOOL**

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

**The Best in the West**

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.

1850 Bryant Building

**E. HAYDEN TROWBRIDGE, M.D.**

**Kansas City, Mo.**

**A COLLECTION SERVICE DEDICATED TO...**  
**The Medical Profession... Hospitals**  
**ALL MONEY IS PAID DIRECT TO THE CREDITOR**

A record of twenty-eight years service to Doctors, Clinics and Hospitals insures a kindly and understanding service to your debtors. . . . Since all money is paid to you, you are still guardian of your accounts and all monies. . . . You pay us commission only on such amounts as are paid to you. . . . Won't you please write for a list of our Doctor and Clinic clients in Oklahoma, and enlist our help, while the time for collections is opportune?

**READING & SMITH SERVICE BUREAU**  
**COMMERCE BUILDING** **KANSAS CITY 6, MISSOURI**

# *The Menninger Sanitarium*

For the Diagnosis and Treatment of  
Nervous and Mental Illness

# *The Southard School*

For the Education and Psychiatric  
Treatment of Children of Average  
and Superior Intelligence. Boarding  
Home Facilities.

Topeka, Kansas

### State Appointments

Governor Andrew Schoepel recently announced the appointment of Dr. J. D. Colt, Jr., Manhattan, to the state board of medical registration and examination for a four-year term expiring April 30, 1949. At the same time he announced the names of two members of the state board of health for three-year terms expiring March 31, 1948, Dr. H. L. Aldrich, Caney, and Dr. George I. Thacher, Water-ville.

### Need for Doctors in Navy

Because of the acute need for doctors in the Navy, those previously declared physically disqualified are now being reconsidered in view of a modification of physical requirements. Doctors up to 60 years of age are now being considered by the Navy.

Interested doctors may contact the Office of Naval Officer Procurement, 1009 Baltimore Avenue, Kansas City, Missouri.

### Conservation of Film

While urging economy of radiographic film, the American College of Radiology announces that manufacturers are allocating supplies in a manner best calculated to give every radiologist equal treatment. In practicing conservation until production catches up with demand, hospital staffs should forego ordering routine roentgenologic examinations and request x-ray studies only for cases in which clinical findings warrant such procedures.

The Library of the Medical Department of the University of Kansas has every desire to be of service to the medical profession in the state. Any physician who wishes to avail himself of the facilities of the Library will be welcome both in the use of its periodicals, bound volumes of periodicals, and monographs and textbooks.

Under certain circumstances, provided the volumes are not being actively used by the students, the Library will send such volumes as are needed to physicians in the state, on request, for a period of one week, provided carriage charges are paid both ways.

THE UNIVERSITY OF KANSAS  
SCHOOL OF MEDICINE

# THE Lattimore Laboratories

TOPEKA, KANSAS

J. L. Lattimore, M.D., *Director*

A. C. Keith, B.S., *Chemist*

H. C. Ebendorf, M.T., *Serologist*

PATHOLOGY, SEROLOGY, CHEMISTRY, BACTERIOLOGY,  
HEMATOLOGY AND PARASITOLOGY

*Containers furnished upon request.*

### OFFICES:

Topeka, Kan.

El Dorado, Kan.

Sedalia, Mo.

McAlester, Okla.

# *Luzier Cosmetics and Allergy*



Women use cosmetics because they have developed a need for them: they are essential to modern standards of good-grooming and therefore contribute to a sense of well-being. Your patient's appearance, viewed cosmetically, is a factor that deserves your consideration both during hospitalization and convalescence. Cosmetics cannot lift faces, but they certainly perform wonders when it comes to lifting a woman's spirits. Women have an instinctive desire to look pretty and to smell sweet.

Since cosmetics are so universally used it is not to be wondered that they sometimes figure in the field of allergy. We venture the opinion, however, that cosmetics figure less frequently in this field than many common foodstuffs, and certainly no more frequently than many articles of clothing. Many a contact dermatitis that might formerly have been ascribed to cosmetics is now traced to dog dander, house dust, elm sap, bed linen, etc.

While our products are free from so-called common cosmetic allergens, such as orris root and rice starch, we feel it should be made clear that any of their normally innocuous ingredients might be allergenic to the allergic individual. That is why when there is a history of allergy we suggest that patch tests be made with those of our products the subject is using or contemplates using. If they test positive, further testing with their constituents is indicated to determine the offending agents. These found, we frequently can modify our formulas to suit the subject's requirements.

## LUZIER'S FINE COSMETICS AND PERFUMES ARE DISTRIBUTED IN KANSAS BY:

### DIVISIONAL DISTRIBUTOR

C. B. BURBRIDGE

Box 1666, Lincoln, Nebraska

### DISTRICT DISTRIBUTORS

CLAUDE K. CHINN

433 S. Market

Tel. 3-3510

Wichita, Kansas

VESTA FITCH

802 Leavenworth

Tel. 4-5336

Manhattan, Kansas

VENA HAZELL

438 W. Sherman

Tel. 4623

Hutchinson, Kansas

### LOCAL DISTRIBUTORS

BLANCHE WHITE

401 1st National Bank Bldg.

Dodge City, Kansas

BEULAH CHINN

433 South Market Street

Wichita, Kansas

Tel. 3-3510

### Neuropsychiatric Casualties

Speaking before the meeting of the Association for Research in Nervous and Mental Diseases, in New York City December 15, Colonel W. C. Menninger, chief consultant in neuropsychiatry, office of the Surgeon General, discussed the problem of the discharged neuropsychiatric patient.

In stressing the magnitude of the problem facing the individual and communities, Colonel Menninger expressed a belief that the figures of statisticians are often misinterpreted to indicate a much more alarming state of affairs than actually exists. He asked the cooperation of the association in debunking misconceptions about the neuropsychiatric and in educating the public on the problems involved.

### Risk No Greater in Army

Despite the huge concentration of men brought together from all parts of the country in Army posts and the combat conditions under which great numbers are living, there is apparently no more danger in the Army from infantile paralysis than there is in civilian life.

The Office of The Surgeon General reports that the number of cases was 3.4 per 100,000 troops in this country in 1943 and 4.0 in 1944. The case fatality rate was 12.1 per cent in 1943. This is similar to the civilian rate for similar ages, and there is a further similarity in the time of year the cases occurred and their geographical location.

There has not been an epidemic of infantile paralysis at any Army post during this war.



## Hotel Jayhawk

TOPEKA ~ KANSAS

Main Dining Rooms and Coffee Shop

Air Conditioned and Refrigerated

Many Private Dining Rooms Available for Special Parties

THE MOSBY HOTEL CO.

N. M. Mosby, Pres. & Gen. Mgr.

FOR THE MOST



MONEY TO YOU  
OUT OF DELINQUENT PATIENT RECEIVABLES



USE THE

ASSOCIATED CREDIT BUREAU

SUITES 3-4, PALACE BLDG., EMPORIA

L.D. PHONE 2444

Associated with the select bureaus of the National Association of Medical Dental Bureaus and the powerful retailer's bureaus, the Associated Credit Bureaus of America, Inc.

*A No Collection No Charge Plan. Write or Telephone Us. Thank You*

PAUL O. KRUEGER, Executive Director

## ALCOHOL—MORPHINE—BARBITAL

ADDICTIONS Successfully Treated Since 1897—  
Founded by B. B. Ralph, M.D.

*Write for description booklet*

## The Ralph Sanitarium

529 Highland Ave.

Kansas City, Mo.

Telephone—Victor 4850

Registered by the Council on Medical Education and Hospitals  
of the A. M. A.



## SURGICAL BRACES

*"Made as you prescribe"*

A prompt, courteous, efficient service.

One day delivery on Taylor Back Braces,  
Airplane Arm Braces, Cervical Braces.

Your inquiries will be appreciated. If  
necessary use phone or wire, my expense.

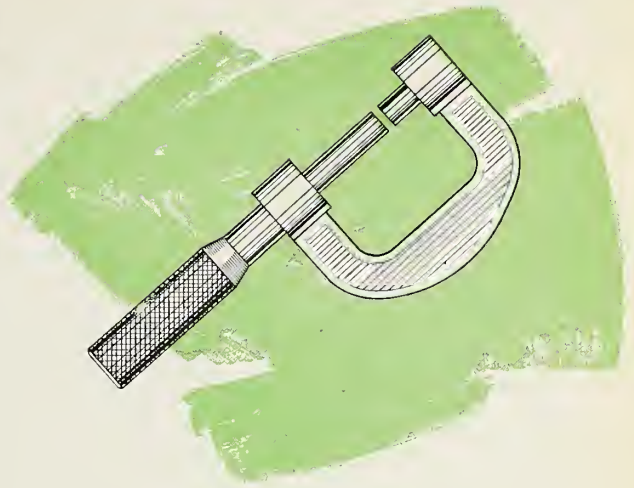
### PHONES

Business  
5-2638

Residence  
3-6379

A. H. BOSWORTH

416 N. Water  
WICHITA, KANSAS



## Precision Instrument

When medical science developed liver therapy, it found a "precision instrument" for dealing with pernicious anemia.

But a precision instrument, no matter what its design, is only so reliable as the toolmaker who produces it. *Likewise liver extract.*

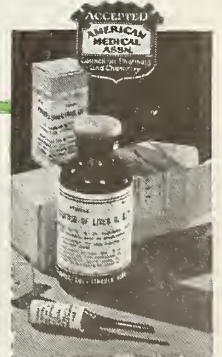
Purified Solution of Liver, Smith-Dorsey, will give you uniform purity and potency for the treatment of pernicious anemia. It is manufactured under conditions which meet strict professional requirements. Laboratories are capably staffed; facilities are modern; production is carefully standardized.

For precision in liver therapy, you may rely upon

### PURIFIED SOLUTION OF

## Liver SMITH-DORSEY

Supplied in the following dosage forms: 1 cc. ampoules and 10 cc. and 30 cc. ampoule vials, each containing 10 U. S. P. Injectable Units per cc.



THE SMITH-DORSEY COMPANY • Lincoln, Nebraska  
Manufacturers of Pharmaceuticals to the Medical Profession Since 1908

## PROFESSIONAL PROTECTION



DOCTORS DISCHARGED  
from Military Service should  
notify Company immediately.

MILITARY POLICY  
does not cover Civilian Practice.

**THE**  
**MEDICAL PROTECTIVE COMPANY**  
**FORT WAYNE, INDIANA**

## KANSAS MEDICAL ASSISTANTS' SOCIETY

Volume One Number One of the Bulletin of the Kansas Medical Assistants' Society was issued recently through the efforts of the president, Zura T. Crockett, Wichita, who felt that members over the state should have a means of contact with each other, a need emphasized this year because of war-time restrictions which caused cancellation of the medical assistants' meeting.

The initial volume of the bulletin contained a message from the president, official list of officers, announcement on membership and a number of news items about assistants from all parts of the state. The quarterly publication will be welcomed by all members of the society.

The Wyandotte County Medical Assistants' Society met May 22 at the Kansas City Chamber of Commerce building with Dr. Clarence Gripkey, recently returned from service with the Navy in the South Pacific, as guest speaker. Dr. Gripkey told of his different assignments here in the states, his trip overseas, the medical set-up on different islands and the manner of living on Pacific islands and in Australia. Dr. Gripkey was the first physician from Wyandotte county to leave for service after Pearl Harbor.

A business session was held, and a ballot of officers for the coming year was presented. A dinner meeting was planned for June.

Miss Nina Green was elected president of the Cowley County Medical Assistants' Society at a meeting held April 20 at Winfield, Mrs. Marie Clark was named vice president, and Mrs. Virginia Foster became secretary-treasurer. The group honored Miss Claudine Dawson, who has received her commission as a Navy nurse, with a handkerchief shower. Miss Dawson and Miss Dortha Adams, hostesses, served refreshments.

Hazel Dollard was elected president of the Shawnee County Medical Assistants' Society at a meeting held at the First Congregational church at Topeka on May 15. Charlotte Ellis became president elect; Leta Gahm, vice president; Nadine Knudson, secretary; Rebecca Hinton, treasurer; Florence Linton, member of board of directors. Officers will be installed at the June meeting of the group.

Myrna Stang, chairman of the hostess committee, introduced the speaker of the evening, Sgt. Ralph Erwin, a Topekan who recently returned home after having been a prisoner of the Germans. Sgt. Erwin spoke on his experiences overseas and answered questions. Mrs. Stang was assisted by Rebecca Hinton, Grace McDonald, and Pauline Farrell.

The average Wac can be adequately fed on 650 calories per day less than an average soldier. She, however, eats 600 calories more per day than the minimum recommended by the National Research Council for the moderately active woman, presumably because she is more than moderately active.—Food and Nutrition News.

*Sustained  
Estrogenic  
Effect...*

**Schiffelin  
BENZESTROL**  
(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

**SCHIEFFELIN BENZESTROL TABLETS:**

0.5, 1.0, 2.0, 5.0 mg. — 50s, 100s, 1000s

**SCHIEFFELIN BENZESTROL SOLUTION:**

5.0 mg. per cc. — 10cc. vials

**SCHIEFFELIN BENZESTROL VAGINAL TABLETS:**

0.5 mg. — 100s

- Of proven value for the better management of vasomotor and nervous symptoms of the menopause, this synthetic estrogen justifies the trust which the profession places in it.

Its complete estrogenic action with minimum discomfort provides effective medication in the treatment of the menopausal syndrome and in all conditions where estrogenic therapy is indicated.

Schiffelin Benzestrol is available for oral, parenteral and local administration, enabling the physician to select the mode of administration best suited to each individual patient.

*Literature and Sample on Request*



**Schiffelin & Co.**

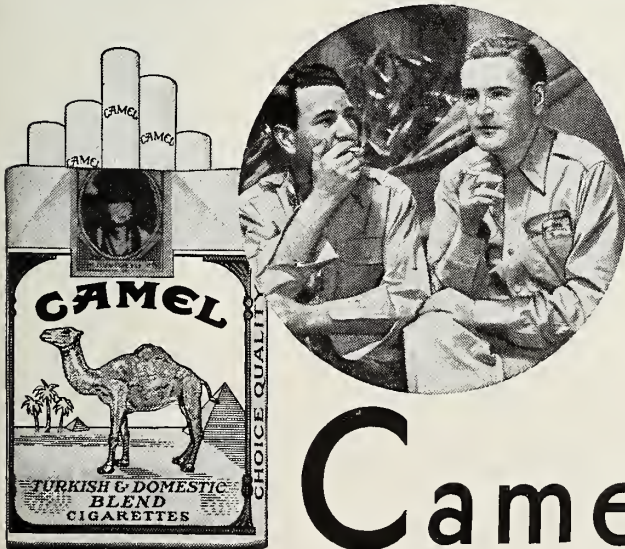
Pharmaceutical and Research Laboratories  
20 COOPER SQUARE • NEW YORK 3, N.Y.

# The Flying Capsules



R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

*Now in use on the battle fronts, for speedy evacuation of wounded from nearly inaccessible areas, is this Helicopter with "capsule" stretchers attached to sides*



WHEREVER our soldiers are fighting, Army medical men have established a speedy life line for wounded. So fast and so efficient is it that often the wounded are under the care of skilled medical officers *within a matter of mere minutes!*

In this stepped-up tempo of war, however, the Army doctor finds little "time out" for himself. When there is a "break" in his long hours, his relaxation may be limited to a few pleasant moments with a cigarette... very likely a Camel, for Camels are such a big favorite with men in all the services.

# Camel

 — costlier tobaccos

## BOOK REVIEWS

*YELLOW MAGIC, THE STORY OF PENICILLIN.* J. D. Ratcliff. Random House, New York. 1945. 170 pages.

The author admits in his first paragraph that doctors will object to his title. Perhaps they will also complain a little about other parts of the book for the reason that it tells a story rather more dramatically than, say, Sir Alexander Fleming might have recorded it, or Dr. Howard Florey or Dr. Chester Keefer.

However, *YELLOW MAGIC* is not written for doctors. It is neither a text book nor a scientific study. *YELLOW MAGIC* is for the layman. Written in that modern, easy-flowing style that characterizes the better American journalism, this book gives a graphic account of the discovery of penicillin.

The author capitalizes on the accidents that accompany scientific endeavor. He puts a theatrical touch into the anecdotes he uses. He heightens the story values to create interest.

But he does all this very well indeed. He gives you much that the scientific papers have not troubled to mention. He offers it with a dignity and an air of respect that you will warm to. He makes a really first rate story out of his material.

And, if the foreword by Chester Keefer, M.D., and the introduction by Morris Fishbein, M.D., represent actual endorsements, then certainly the material is accurate. For the lay person who wants an interesting story of the development of penicillin, this book is recommended.

## BOOKS RECEIVED

*MODERN PSYCHIATRY.* 1945 Edition. By William S Sadler, M.D., F.A.P.A. Copyright 1945. 896 pages. Price \$10. Published by C. V. Mosby Company, St Louis, Missouri.

*TECHNICAL METHODS FOR THE TECHNICIAN.* Third Edition. By Anson L. Brown, M.D. Copyright 1944. 675 pages. Published by B-B Printing Company, Columbus, Ohio. Price \$10.



**Braces**  
PARALYSIS  
AND  
FRACTURE  
BRACES  
MADE TO  
ORDER

Your instructions faithfully executed. Qualified, courteous orthopaedic technicians.

•

**THE  
W. E. ISLE  
COMPANY**

ENTIRE SECOND FLOOR  
1121 GRAND AVE.  
KANSAS CITY, MO.  
VICTOR 2350

## S W O P E

## RADIOLOGICAL CLINIC

*Apparatus for our work includes the following:*

1. 440 K.V. (440,000 constant potential supervoltage) for treatment of the deepest malignancies, especially in large people.
2. 220 K.V. (220,000 conventional type) for respiratory and moderately deep tumors.
3. 130 K.V. (130,000 full wave) for fluoroscopy, radiography and skin therapy.
4. Radium, alone or as adjunct to any of the above.

We especially invite your counsel and cooperation  
when combination of surgical therapy is evident.

O P I E W. S W O P E, M.D., FACR, *Director*

Dial 3-3842

WICHITA, KANSAS

York Rite Bldg.



Accident, Hospital, Sickness

# INSURANCE



**FOR PHYSICIANS—SURGEONS—DENTISTS**  
Exclusively

*All Premiums Come from Physicians, Surgeons, Dentists  
All Claims Go to Physicians, Surgeons, Dentists*

**\$5,000.00 accidental death \$32.00**  
For  
\$25.00 weekly indemnity, accident and sickness per year

**\$10,000.00 accidental death \$64.00**  
For  
\$50.00 weekly indemnity, accident and sickness per year

**\$15,000.00 accidental death \$96.00**  
For  
\$75.00 weekly indemnity, accident and sickness per year

**ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN**

*43 Years under the same management*

**\$ 2,700,000.00 INVESTED ASSETS**  
**\$12,700,000.00 PAID FOR CLAIMS**

*\$200,000.00 deposited with State of Nebraska for  
protection of our members.*

*86c out of each \$1.00 gross income  
used for members' benefit*

*Disability need not be incurred in line of duty—benefits  
from the beginning day of disability.*

**Physicians Casualty Association**  
**Physicians Health Association**  
400 First National Bank Bldg., Omaha 2, Nebr.

## REPRINT PRICE LIST

Reprints from articles in the  
**KANSAS MEDICAL JOURNAL**

**All Reprints are made the same size as  
Journal pages, 7¾ x 10½ inches.**  
**Transportation charges on reprints are  
to be paid by the Author**

No. Copies	Pages	Without Cover	With Cover
100.....	4	\$ 9.00	\$12.25
250.....	4	9.75	14.50
500.....	4	11.00	17.50
1000.....	4	18.00	26.00

No. Copies	Pages	Without Cover	With Cover
100.....	8	\$12.50	\$16.00
250.....	8	14.00	18.00
500.....	8	16.00	23.00
1000.....	8	21.00	32.00

No. Copies	Pages	Without Cover	With Cover
100.....	12	\$16.00	\$20.50
250.....	12	18.25	23.50
500.....	12	21.25	28.25
1000.....	12	28.00	39.00

**CAPPER PRINTING CO.**

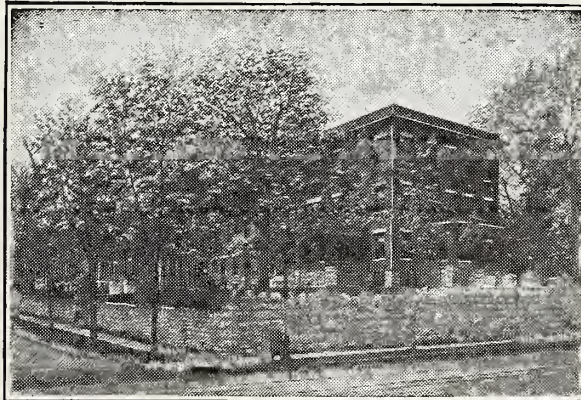
**Capper Building  
TOPEKA, KANSAS**

## THE MAJOR CLINIC ASSOCIATION

3100 EUCLID AVENUE

KANSAS CITY, MISSOURI

A Well  
Equipped  
Institution  
for the  
Nervous and  
Mental  
Diseases and  
Alcohol  
Drug and  
Tobacco  
Addictions



Beautiful  
Location  
Large,  
Well Shaded  
Grounds,  
Spacious  
Porches,  
All Modern  
Methods for  
Restoring  
Patients to a  
Normal  
Condition

**HERMON S. MAJOR, M.D.**  
*Medical Director*

**HENRY S. MILLETT, M.D.**  
*Associate Medical Director*

**HERMON S. MAJOR, JR.**  
*Business Manager*

## AUXILIARY

### President's Message

Greetings to my Family, Women of the Auxiliary to the Kansas Medical Society.

How time flies!!! Just a few days ago we were making plans for the streamlined meeting of the House of Delegates. Now it is becoming history as it has been held and everyone is back home and on the job again.

We had a very successful meeting with a good attendance, considering the restrictions which were enforced. Mrs. Leo J. Schaefer, retiring president, conducted in her usual stimulating manner the pre-board meeting and general session. She was greatly disappointed that the state president's pin which she had ordered and expected to present to the incoming president to wear during her administration was delayed. This pin will be a gift from Mrs. Schaefer to the Women's Auxiliary to be worn by the succeeding presidents, and it is her desire that the state organization eventually will be in position to present a similar pin to each past president for her own.

Since May 5 was Mrs. Schaefer's birthday, she held open house in her suite in the hotel. A beautiful birthday cake with candles graced the table and refreshments were served to all those present.

In accepting the gavel, emblem of authority, your president realizes that there are responsibilities accompanying it. It shall be her purpose to serve the Auxiliary in a manner in keeping with the fine, high ideals held by the capable leaders who have preceded her. She will strive to serve you in the same spirit in which she shall expect you to serve. The success or failure of the coming year will depend largely on your cooperation and moral and physical support.

The luncheon was a delightful affair. We were honored by having Dr. Marion Trueheart, retiring president of the Kansas Medical Society, and Dr. C. Omar West, chairman of the Advisory Council, as guests. Both extended greetings and recommendations. Additional guests were Pfc. John H. Hope of the Air Transport Division of the Marine Corps Air Station, Cherry Point, North Carolina, and Mrs. Harry Gilke, president of the Missouri State Auxiliary.

The usual post-board meeting was held and the necessary business conducted. It was a special privilege to have Dr. West sit in the meeting with us and offer helpful suggestions for the accomplishment of our aims and desires.

We wish to again express our very sincere thanks to the Shawnee County Medical Society for their untiring efforts. We are seriously afraid that there is grave danger of wearing out our welcome. Your gracious hospitality seems to be unbounded.

A repeated plea is that every eligible wife of every physician join us, subscribe to the National Bulletin and Hygeia, and study all legislation pertaining to that which will affect our "medicine men" and their practice. Know whereof you speak, and do not hesitate to speak to others who are uninformed.

Very sincerely,

Mrs. Hugh A. Hope, President

### Auxiliary Meetings

A meeting of the Labette County Auxiliary was held May 23 at the county health center, Parsons, with the following officers in charge: president, Mrs. N. C. Morrow; president-elect, Mrs. Charles Miller; vice president, Mrs. A.

L. Berglund; secretary-treasurer, Mrs. O. E. Stevenson.

Mrs. Morrow announced committees for the coming year and discussed a new group on cancer dressings with Mrs. T. D. Blasdel as chairman, Mrs. Morrow as instructor and Mrs. Stevenson in charge of supplies. Mrs. A. L. Berggren will be in charge of the Chetopa district, Mrs. I. J. Waxse of the Oswego district, and Mrs. C. N. Petty of the Altamont district. Mrs. Miller and Mrs. Blasdel gave reports of the state board meeting held in Topeka May 5 and 6.

Mesdames H. H. Woods, C. K. Schaffer, W. H. Elkins, C. H. Lerrigo, A. J. Clark, M. M. Gill, J. A. Farley and O. F. Marcotte entertained the Shawnee County Auxiliary at a buffet supper on May 14. Major Margaret Kennedy and Lieut. Blanche Kimball were guests, and Lieut. Kimball, who was recently liberated from a prison camp in the Philippines, gave a resume of her experiences as a prisoner of the Japanese. Mrs. J. F. Casto entertained with several vocal selections.

### Officers for 1945-1946

President .....	Mrs. Hugh A. Hope, Hunter
President-Elect .....	Mrs. H. L. Regier, Kansas City
First Vice President .....	Mrs. W. J. Bierman, Wichita
Second Vice President .....	Mrs. F. C. Beelman, Topeka
Recording Secretary ....	Mrs. J. A. Billingsley, Kansas City
Treasurer .....	Mrs. Charles Miller, Parsons

### Newly Elected Councilors

Second District .....	Mrs. P. J. O'Connell, Kansas City
Fourth District .....	Mrs. J. F. Casto, Topeka
Fifth District .....	Mrs. Marion Trueheart, Sterling
Sixth District .....	Mrs. G. A. Spray, Wichita
Eighth District .....	Mrs. E. E. Harvey, Salina

### Chairmen, Standing Committees

Archives and History .....	Mrs. C. D. Blake, Hays
Exhibits .....	Mrs. M. C. Ruble, Parsons
Organization .....	Mrs. Leo J. Schaefer, Salina
Hygeia .....	Mrs. H. H. Woods, Topeka
Legislation .....	Mrs. Donald Medearis, Kansas City
Program .....	Mrs. E. M. Sutton, Salina
Press and Publicity .....	Mrs. R. E. Pfuetze, Topeka
Public Relations .....	Mrs. C. M. Jenney, Salina
War Participation .....	Mrs. Wilfred Cox, Wichita
Parliamentarian .....	Mrs. Jonathan Carter, Ellsworth

### Chairmen, Special Committees

National Bulletin .....	Mrs. H. S. Dreher, Luray
Nominations .....	Mrs. Leo J. Schaefer, Salina
Resolutions .....	Mrs. E. J. Nodurft, Wichita
Revisions .....	Mrs. W. Y. Herrick, Wakeeney
Corresponding Secretary ....	Mrs. Harold L. Collins, Beloit

### Notice to Committee Chairmen

Chairman of committees are asked to make note of the fact that an article for the Journal of the Kansas Medical Society is to be written and sent to me by the first day of each month as listed below:

July .....	National Bulletin
August .....	Organization, Parliamentarian
September .....	Hygeia, Press and Publicity
October .....	Public Relations, Program
November .....	War Service
December .....	Archives and History, Exhibits
January .....	Legislation

Signed,

Mrs. Hugh A. Hope, President

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

JULY, 1945

Number 7

## A CLINICAL-PATHOLOGICAL STUDY OF ERYTHROBLASTOSIS

Howard C. Clark, M.D.\*

Wichita, Kansas

The term erythroblastosis is used in referring to hydrops fetalis, icterus gravis and congenital anemia of the newborn. These diseases of the fetus have in common a varying degree of erythroblastemia and erythroblastosis which is most marked in the hydrops fetalis group. Several authors have suggested that the term erythroblastosis be changed to acute hemolytic anemia of the newborn. This term would indicate that hemolysis is the basic phenomenon.

### PATHOGENESIS

The etiology and pathogenesis of erythroblastosis is quite interesting and is a long story in itself. Many excellent articles have been written and tremendous amounts of scientific evidence have been recorded.<sup>8, 10, 12</sup> It is quite definitely proven that the Rh factor is an antigen in the substance of some human erythrocytes as discovered by Landsteiner and Weiner in 1939.<sup>9</sup> Their discovery will explain 90 per cent of the cases of erythroblastosis and in the remaining ten per cent it is assumed that some other similarly acting antigen contained in the fetal red cells is responsible for the condition. In 1940 Landsteiner and Weiner were able to show that the red blood cells of humans fell into two separate groups other than those previously recognized in the international classification (A, B, AB, O). This was determined when human cells were incubated with rabbit sera to which the cells of the Rhesus monkey has been added until the rabbit sera produced an agglutinin for the monkey's blood. It was decided to call this factor Rh because the antigen was in the Rhesus monkey cells. It is estimated that 85 per cent of humans possess the agglutinin or Rh factor and are called Rh positive. The other 15 per cent of the people are found to lack the agglutinin and are called Rh negative.

In 1939 Levine and Stetson<sup>12</sup> reported a case at the Bellevue Hospital of a woman who was delivered of a stillborn fetus and later was transfused with her

husband's blood. The donor and the recipient were matched group O blood. During the transfusion the patient went into severe shock which was followed by hematuria, jaundice and anuria. The patient's blood was studied by Levine and Stetson who found that it contained an atypical agglutinin which agglutinated 80 per cent of the group O blood studied. She was then transfused with compatible blood and soon recovered. The deduction was drawn by Levine and Stetson that the pregnancy caused iso-immunization in the mother. In other words, that the fetal blood or some other product of gestation induced the production of atypical agglutinin in the mother.

This extensive work led to the theory that the father of the stillborn fetus possessed an agglutinogen which this mother lacked and which was transmitted as a dominant Mendelian gene from the father. In some manner there appears to be in these cases a leakage of fetal blood into the maternal blood stream. Then the mother lacks the agglutinin possessed by the fetus and antibodies are formed against this type of blood. When the patient was transfused with her husband's blood she went into shock by the process of hemolysis, thus the hematuria. It is interesting to speculate as to the mechanism which allows fetal Rh positive red cells to im-

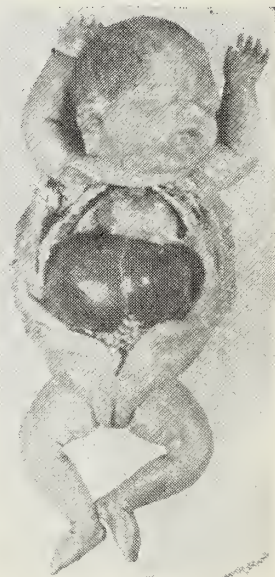


Figure 1. Photograph (From Wolfe, S. A. and Neigus, I., *Am. J. Ob. & Gyn.*, Vol. 40, p. 32, 1940). Fetus in the hydropic type of erythroblastosis. The superficial tissues are swollen and waxy. Hemorrhagic areas are noted on the face. The huge liver fills the abdominal cavity.

\*From the Department of Obstetrics and the Department of Pathology, St. Francis Hospital, Wichita, Kansas.

munize the mother whose blood is Rh negative.

This led to an explanation of the pathogenesis of erythroblastosis or hydrops fetalis, icterus gravis, and hemolytic anemia of the newborn. This same theory is also used to explain abortions and stillborns. If a man who is Rh positive mates with an Rh negative woman, he passes on the Rh agglutininogen to one or all of his children. The fetal blood may or may not escape into the maternal blood stream. If it does, the mother manufactures an antibody against the baby's blood. This antibody appears to be capable of diffusing back through the placenta and destroys the red cells of the fetal circulation. Weiner and Silverman<sup>20</sup> showed that antibodies in general are capable of passing through a normal placenta. The fetus responds by manufacturing more red blood cells to compensate for the destruction. It is because of this defensive regeneration of cells by the fetus that the typical blood picture of erythroblasts and other forms of nucleated red blood cells are found. The hemolytic anemia and the diminution of platelets is brought about by the destructive action of the maternal antibodies. In a given case abortion may result or the fetus may go to term and be stillborn, or it may survive and simulate one of the various syndromes of erythroblastosis fetalis.

#### SYMPTOMATOLOGY

Certain symptoms occur during pregnancy that

should arouse suspicion. An excessive uterine enlargement and a large baby due to edema in the infant are two important symptoms of erythroblastosis during pregnancy.

The obstetrical history is important.<sup>16</sup> The average mother bearing erythroblastotic infants is usually 30 years of age. The disease occurs in second, third or even fifth pregnancy, as most authors believe that the first born escapes the disease. In most cases hydrops are born prematurely while the icterus group usually go to term and unless diagnosed and treated die in two or three days. In some cases an X-ray will help make the diagnosis. The X-ray shows a "Halo" of the scalp due to edema and body is like a "Buddha" or has a frog like posture due to the abdominal enlargement caused by the large liver, spleen and ascites. At birth the baby is short and appears stout, due to the edema. The body is covered with golden vernix caseosa. Most erythroblastotic babies have a mongoloid face. The neck is short. The thorax and abdomen are distended, due to the large liver and effusion. The arms and legs appear short and edematous.

At autopsy the heart,<sup>6</sup> liver and spleen are invariably hypertrophied. The liver shows hematopoietic foci and cellular degeneration. Deposits of pigment can be seen in the Kupffer and liver cells with varying degrees of cloudy swelling, fatty de-



Figure II. Photograph of the placenta in a typical case of erythroblastosis weighing 2100 grams. The organ is enlarged, soft and friable. The maternal aspect is deeply fissured. The color is a peculiar yellow-gray shade. The ratio of placenta to baby is 1:3 as to normal 1:7.

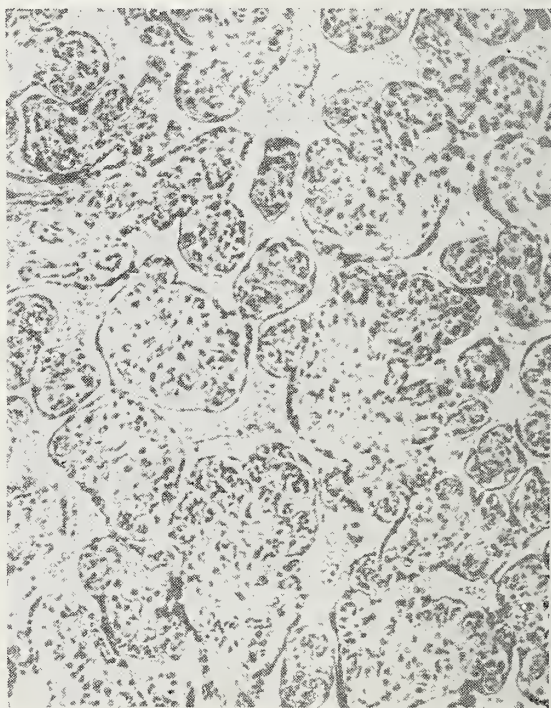


Figure III. Photomicrograph of the same placenta. Note the large size of the villi and the immature mesenchymal stroma. Vessels are filled with nucleated erythrocytes.

generation and necrosis. The liver cords are widely separated and the sinusoids are filled with immature red cells. The spleen shows immature red and white cells. The kidney shows cloudy swelling and some tubular degeneration. In bone, the epiphyseal line is normal and the bone marrow is hyperplastic and contains many immature red blood cells. The average placenta weighs 1200 grams. It is larger and thicker than the normal due to response of the fetus to the faulty metabolism. The maternal surface is pale and deeply fissured, forming cotyledons which are friable. The fetal surface and membranes are stained yellow. The placenta frequently resembles syphilis in appearance and years ago erroneous diagnosis was often made. There is abnormal basophilia. The villi are large and edematous with signs of immature Langhans layer and Hofbauer cells.

The study of the Rh factor in the parents and in the affected child may confirm the diagnosis. Mild forms are difficult to diagnose but if the child resembles the above description and has a low red count with abnormal red cells, neither edema or jaundice is necessary to make a diagnosis. The diagnosis should be made with caution because of the serious situation that exists once the presence of erythroblastosis is established in a family.

#### DISCUSSION

The vast amount of research done by the many

investigators has corroborated the theory of Levine and Wiener.

For the purpose of simplicity the blood is divided into two elements namely erythrocytes and plasma. The erythrocytes carry several factors which are determined by the laws of heredity. The factors behave as "antigens"; Rh factor is an antigen in red blood cells. The plasma contains another set of factors which behave as "antibodies." The factors carried by the red cells are called agglutinogens and those carried by the plasma agglutinins. When the blood of two individuals is mixed as in a transfusion or pregnancy the agglutinogens meet its specific agglutinins and produce a demonstrable reaction or agglutination of red blood cells. Anti-Rh agglutinins or antibodies formed in response to the Rh antigen, act as agglutinins in vitro and as hemolysin within the blood stream. The concentration of agglutinins in the blood is rarely high and commonly the titer is only one to four, or one to eight. The comparison of titers obtained by different laboratories is difficult because of the great variation in the agglutin—ability of the cells used in the determination. The agglutinins may not be demonstrable by any laboratory method and yet make their presence known by producing reactions to transfusion or a type of erythroblastosis.

Because of Landsteiner and Wiener's extensive

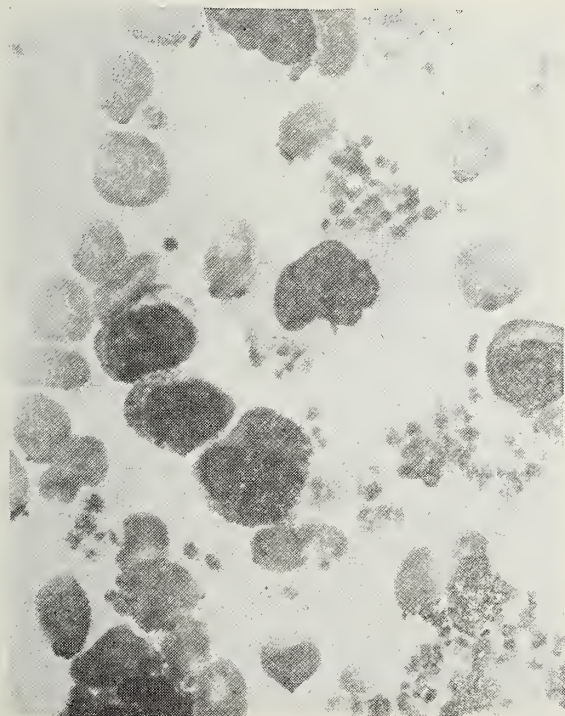


Figure IV. Photomicrograph of the fetal cord blood. Note the nucleated red blood cells and basophilic protoplasm. Two myelocytes are present.

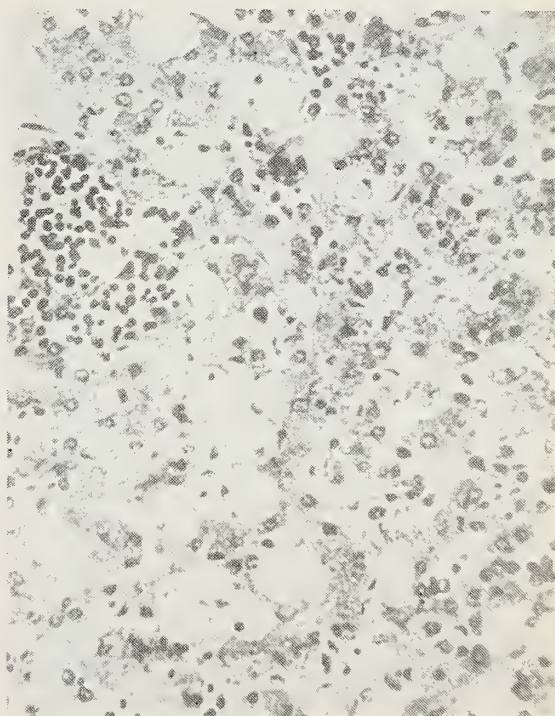


Figure V. Photomicrograph of liver. The liver cords are widely separated. The sinusoids are filled with many nucleated red blood cells. The portal canals show persistent hematopoiesis and degeneration.

work there is much evidence supporting the contention that erythroblastosis is an Rh antigen antibody reaction in the fetus. The anemia and icterus are the result of hemolysis and result in excessive erythropoiesis with erythroblastemia and a hypertrophy of the liver and spleen in an attempt to replace the destroyed red cells.

The anti-Rh agglutinins are present in breast milk of the mothers who give birth to erythroblastotic babies.<sup>21</sup> The anti-Rh agglutinins have been found in the circulation of erythroblastotic babies after birth.

Erythroblastosis is rare in the first born and the process of immunization requires time. In most cases after erythroblastosis occurs it is repeated in all subsequent births that the fetus has Rh positive blood. Fetuses with Rh negative blood do not develop erythroblastosis and in cases where the husband and wife are both Rh negative no erythroblastosis develops.

Potter claims only a small group of women with Rh negative blood give birth to babies with erythroblastosis.<sup>13</sup> Erythroblastosis occurs once in 400 births so the disease develops in only about one of forty of the infants for whom the possibility of its occurrence exists. The disease is rare because of the low parity of American women.<sup>1</sup> The permeability of the placenta is a factor in the development of the disease. It is possible that there is a quantitative difference in dif-

ferent women and at different times during their pregnancy. Another condition influencing erythroblastosis is the age of the fetus when the Rh antibodies begin to act on it, and the length of time during which the fetus is exposed to such action.

Javert<sup>5,6</sup> found hydrops 1-1348, icterus 1-876 and anemia and hemorrhagic diathesis varies according to the severity of the disease. Hemolytic diseases cause about 3.2% of the fetal deaths in the newborn.

#### PROGNOSIS

Since the cause of erythroblastosis is fairly well established on the basis of maternal immunization, there is hope of a desensitization agent. This agent would allow the Rh negative mother to have normal babies. What type of substance this agent will be is speculative.

The prognosis depends on the severity of the disease and the type of the anti-bodies in the mother. The hydrops cases are born dead or die after a few attempts at respiration. The icterus cases and hemolytic anemia cases that are diagnosed early and treated usually survive.

#### TREATMENT

The treatment of erythroblastosis is early diagnosis during the pregnancy. The diagnosis should be verified by the Rh factor. A good general diet is essential. It should be high protein and heavy with vitamins E and vitamin K. Burnham<sup>1</sup> gives vitamin C because of the definite vascular injury to the placenta. Al Biermann of Garden Plains has given liver extract prenatally and delivered a live baby in a patient who had three stillborn erythroblastosis babies verified by autopsy.

Some authorities believe a transfusion of Rh negative blood to the mother during labor is of value.

After delivery the baby should have vitamin K per hypodermic and immediate red and hemoglobin determination. If hemolysis is taking place give Rh negative blood of the same group and not from the mother, as is often done in emergencies. The mother's blood contains additional antibodies and for the same reason the baby should not nurse its mother, as the milk contains the same antibodies. As a rule most babies that survive are too sick to nurse the breast and should be fed by experienced nurses.

The Rh negative erythrocytes given to the baby escape destruction since they contain no antigen to be affected by the anti-Rh agglutinin. The total blood volume of the average newborn is 300 cc to 350 cc of blood. The total volume could be completely replaced if hemolysis was severe enough to destroy the baby's cells. The hemolysis depends on the titer of the agglutinins in the fetal circulation. In giving the transfusion give 10 cc per pound of body weight at one time and the same amount next day. Give Rh positive blood rather than no blood

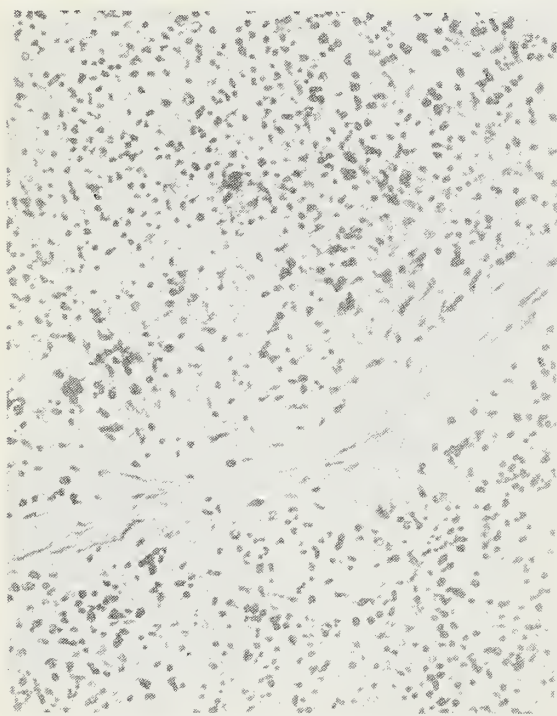


Figure VI. Photomicrograph of spleen in erythroblastosis. If over 15 grams in weight it is suggestive of erythroblastosis.

at all or even use mother's blood and wash the red blood cells with saline to remove the plasma containing the agglutinin. Most suitable donor is a normal Rh negative person because his cells are not sensitive to the action of the antibodies and his serum contains no anti-Rh antibodies. The two transfusions will give the baby enough red cells to carry on at about 60% of normal. Erythroblastosis is treacherous because of a hemolytic crisis a day or two after birth. Always use a cephalic vein if possible. If not, cut down on the ankle vein. Do not use intramuscular route as absorption is not complete enough to save the baby. Often the umbilical vein is available.

#### REPORT OF CASES

Case 1—Mrs. J. W., age 24, gravida V, entered St. Francis Hospital March 5, 1941. Her estimated confinement was March 11, 1941. Her history was essentially negative except for the obstetrical history of three normal children and one stillborn. Physical examination was normal except no fetal heart tones could be heard. The patient had a slow first stage of labor and delivered spontaneously an eight pound stillborn girl. The baby was a typical "Buddha" type with marked jaundice. The placenta was enlarged, soft and friable. The interne, Dr. Kaufman, wrote on the progress notes of the enormous size of the placenta and that it resembled syphilis. The mother's Wassermann was negative. Microscopic sections of the placenta showed obliteration of the vessels and

hyaline degeneration. There was no evidence of lues.

The Rh factor was checked and the patient's was Rh negative and the father's was Rh positive. At this time the prognosis was guarded and the question of future pregnancy was avoided.

The patient became pregnant again, and entered St. Francis Hospital January 27, 1942. Her due date was March 14, 1942. She had another stillborn at seven months. The fetus and placenta were macerated and a post was refused. This was the third dead baby and it was difficult to explain to these parents, because we still did not know very much about the Rh factor.

The patient returned in a few months pregnant again. This time I told her I would induce her at eight months and try to save the baby. She entered St. Francis Hospital, September 4, 1943 in labor one month early. The uterus was markedly distended and enlarged to full term pregnancy. The fetal heart tones were absent. A seven pound stillborn boy was delivered spontaneously. The baby was a hydrops fetalis confirmed by autopsy. The patient was terribly discouraged, the score was three live children and four stillborns. I have heard that she has been sterilized.

Such a case as this one is a problem for it is likely that she will continue to have erythroblastosis babies. She may consent to artificial insemination from an Rh-negative donor and conceive Rh-negative child-

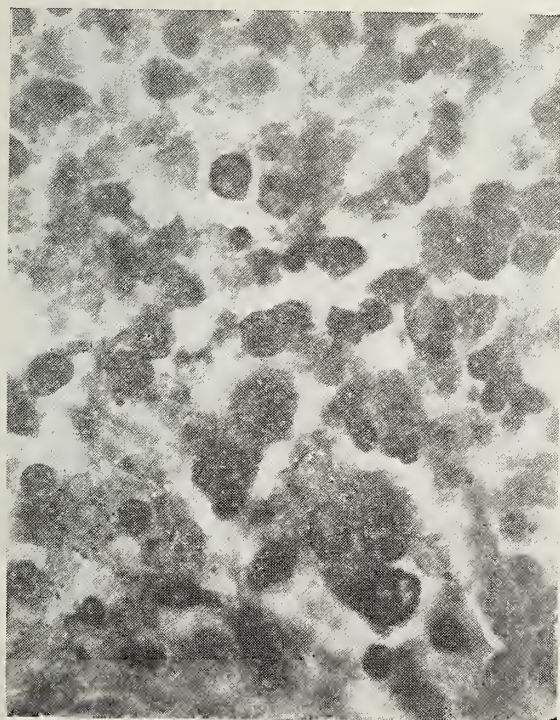


Figure VII. Photomicrograph of same spleen under high power. Note new formation of nucleated red cells in the pulp.

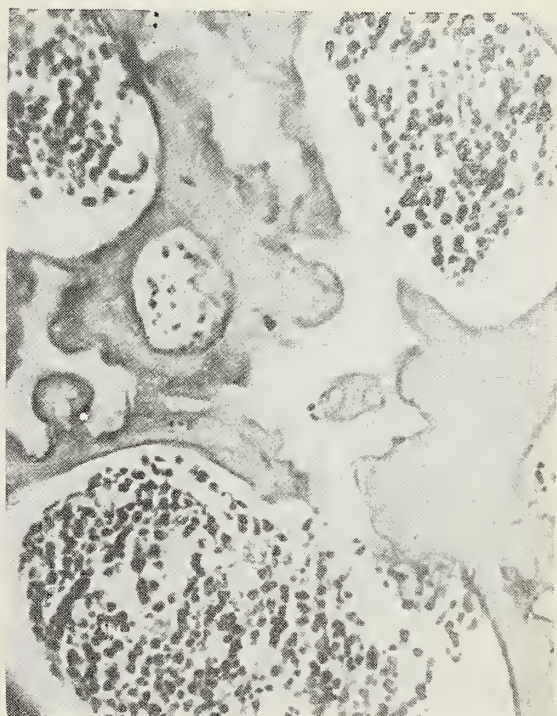


Figure VIII. Photomicrograph of bone marrow in erythroblastosis. There is marked hyperplasia of the granules and immature erythrocytes.

ren or an Rh negative wife may marry again this time an Rh-negative man and have with him Rh-negative children.

Case 2—Mrs. E. D., age 27, gravida II, entered Wesley Hospital, February 19, 1945. Her estimated confinement was March 19, 1945. She complained of severe backache and bloody discharge. Since she was only eight months gestation, she was given two secondals and one ampoule of progesterone in an attempt to stop labor. The uterus seemed full term in spite of the dates. The patient was soon in active labor and after a seven-hour first stage labor, delivered spontaneously a seven pound, seven ounce boy baby at midnight.

The baby was short, stout and edematous. The skin was distinctly jaundiced. Respiration was spontaneous and the baby seemed in good condition. However, four hours after delivery the baby became cyanotic, the respiration and pulse were weak. The baby was given 1 cc of Coramine every four hours and CO<sub>2</sub> to stimulate respiration.

February 20, 1945. The red count was 4,300,000, the white count 14,000 and the hemoglobin 17 gm. The differential count showed 76% polys, 21% lymphocytes, 2% eosinophils, 1% monocytes, considerable polychromatophilia and 24% nucleated red cells. The mother's blood was Rh negative and the baby's blood was Rh positive. The general condition was good and the blood count very good in spite of the Rh and the nucleated red cells. It was believed that the titer was quite low. The baby was given vitamin K and 1/2 cc of liver extract hyperdermically.

February 21, 1945. The blood picture was about the same with 4,300,000 red blood count, 16,800 white blood count and 16.7 gm. hemoglobin. The nucleated red blood cells were 4%. The jaundice was more marked but the general condition was good. The weight dropped to six pounds, ten ounces which was a loss of almost a pound, but the appetite was good.

March 2, 1945. The red count was 4,500,000 and the hemoglobin 16 gm. The baby weighed six pounds, fourteen ounces and was allowed to go home. It has continued to gain and is doing nicely. This case was a milder form than one usually sees. It was particularly fortunate to be born at the eight months for it was the hydrops type and would have died in utero or in labor if gestation had gone to nine months.

Case 3—Mrs. B. H., age 32, gravida VI, entered St Francis Hospital, November 7, 1944 in active labor. She gave a history of three living children and two stillborn. Her Rh was negative and her husband's was positive. The delivery was spontaneous. The baby was a jaundiced girl weighing six pounds, one and one half ounce. It was given 50 cc

of matched blood in the umbilical vein and 1 cc of vitamin K at birth. It appeared normal for three days except for jaundice.

November 10, 1944. The red blood count was 4,000,000 so 1 cc of liver extract was given. The baby's condition was good and it ate fairly well. The jaundice cleared up. The red blood count stayed around 4,000,000. On the eighteenth day the baby developed diarrhea and died on the twenty-third day.

The autopsy revealed bronchopneumonia, enteritis and icterus gravis. It was interesting to note that the liver was still enlarged and had a peculiar greenish color. If the erythroblastosis had been a little less severe this baby would have had more resistance and I believe would have lived.

Case 4—Mrs. C. S., age 23, para 0, gravida I, entered St. Francis Hospital May 21, 1942 at 7:30 a.m. in active labor after four attempts at premature labor during her pregnancy. She had been married two years and was due June 10, 1942, thus three weeks early. Physical examination was essentially negative as was the labor of fifteen hours. At 10:30 p.m. a stillborn female infant weighing six pounds and twelve ounces was delivered by low forceps and episiotomy. The baby failed to breathe in spite of all stimulation and artificial respiration. The baby was typical erythroblastosis type, deep yellow color, mongolian face, short neck, stout chest and large abdomen due to a large liver and spleen. The placenta was the typical large boggy organ.

An autopsy was performed and a pathological diagnosis of erythroblastosis with jaundice was made. This case is one that is erythroblastosis with the first pregnancy which is quite unusual. The mother proved to be Rh negative and the father Rh positive.

On questioning further, she gave a history of two blood transfusions when she had a ruptured appendix. This case is an example of a woman being immunized by Rh positive blood. It would not be amiss to introduce into pediatrics the routine practice of carrying out Rh tests in all female patients to be transfused.

Case 5 (Dr. West's)—Mrs. M. R., age 19, gravida I, married one year, entered St. Francis Hospital, September 1, 1938 following an uneventful pregnancy. She had a normal male infant.

The patient entered St. Francis Hospital again September 4, 1940 after another uneventful pregnancy. She had a normal spontaneous delivery nine days before term. At birth the infant was pale and the respiratory function instituted with difficulty. The baby weighed five pounds and nine ounces at birth. About one-half of the placental surface was nonfunctioning on account of healed infarcts and the liquor amnia was deep greenish color. The infant expired at the age of eight days with a diagnosis at autopsy of erythroblastosis fetalis.

On January 23, 1943 she entered St. Francis Hospital, two weeks overdue. She delivered a still-born, badly macerated fetus. The clinical diagnosis was erythroblastosis fetalis and the diagnosis at autopsy of erythroblastosis fetalis.

The family was tested. The mother was Rh negative and the father Rh positive. This case will continue to have erythroblastic babies and cause some obstetrician a lot of grief, unless the Mendelian law is kind to these parents.

Case 6—Mrs. D. W. S., age 25, para O, entered St. Francis Hospital, November 14, 1942. Her physical examination was essentially negative and she had a family history without factors of interest. She had a normal spontaneous delivery of a normal male infant who has continued to have good health to date.

On March 10, 1944, she had a spontaneous abortion at twelve weeks and the following year in March had another spontaneous abortion at twelve weeks.

The Rh factor was checked and the patient's was Rh negative and the father's Rh positive. Here again the prognosis of future pregnancy is very poor and I am sure the Rh factor accounts for these abortions. These case reports could go on telling the same discouraging story for pages, for all of these cases read the same except now and then where the mendelian law gives a good baby or an Rh negative baby from the negative genes develops.

## SUMMARY

The clinical picture of erythroblastosis is important in obstetrics. The Rh test will soon have to be run on all females regardless of age, who are going to have a transfusion or become pregnant. If the wife is Rh negative and the husband Rh positive the obstetrician can reassure the Rh negative women who have become unduly alarmed as a result of incomplete information acquired from popular accounts in newspapers and magazines that iso-immunization occurs in only a small per cent of the cases. The Rh negative women should be instructed that most of them can have two or more normal infants before they begin to have erythroblastic babies. There should be an Rh negative donor list established at the hospitals for transfusion of Rh negative women and erythroblastic babies.

\* I wish to acknowledge my appreciation for the many helpful suggestions and the photomicrographs offered by Dr. C. A. Hellwig in the course of this study.—H.C.C.

## BIBLIOGRAPHY

1. Burnham, Lyman: Vitamine C. Deficiency as a Possible Factor in the Pathogenesis of Erythroblastosis Fetalis; Amer. J. Ob. and Gyn.; Vol. 44, p. 920, 1942.
2. Davidson, I.: Rh Factor. Med. Clin. North Amer.; Vol. 28, p. 232, 252, January, 1944.
3. Diamond, L. K., Rothman, Philip E. and Hopkins, Helen: Relationship of Erythroblastosis Fetalis to Intra-Uterine Asphyxia. Amer. J. Ob. and Gyn.; Vol. 23, p. 291, 295, February, 1943.
4. Falkenstein, H. P.: Significance of Rh Factor in Intragroup Transfusion Reactions and Erythroblastosis Fetalis. Ohio State Med. J.; Vol. 39, p. 644, 646, July 1943.
5. Javert, Carl T.: Further Studies on Erythroblastosis Neonatorum of Obstetrics Significance. Amer. J. Ob. and Gyn.; Vol. 43, p. 921, 940, June 1942.
6. Javert, Carl T.: Erythroblastosis Neonatorum. S. G. O. 74, p. 1, 19, January 1942.

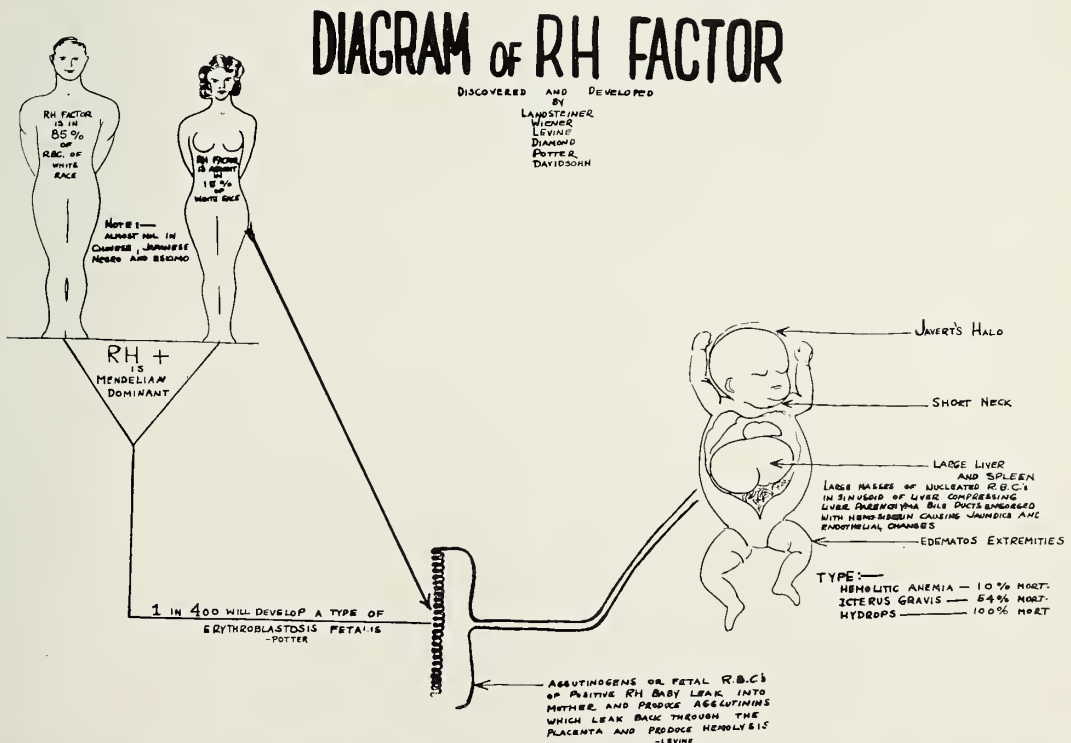


Figure IX. Diagram of Rh factor summarizing the history, incidence, diffusion through the placenta and the reaction of the fetus to the antibodies from the mother.

7. Kariber, Donald H.: Erythroblastosis Fetalis. J.A.M.A.: Vol. 122, p. 942, 944, July 31, 1942.
8. Landsteiner, K. and Wiener, A. S.: On the Presence of M Agglutino-genous in the Blood of Monkeys. J. of Immunology; Vol. 35, 1937.
9. Landsteiner, K. and Wiener, A. S.: An Agglutinable Factor in Human Blood Recognized by Immune Sera for Rhesus Blood. Proc. Soc. Exper. Biology & Med.; Vol. 225, 1940.
10. Landsteiner, K. and Wiener, A. S.: Rh Factor. J. Exp. Med.: Vol. 74, p. 309, 1941.
11. Leonard, T. A.: Erythroblastosis and Its Relation to Transfusions. Wisconsin Med. J.: Vol. 42, p. 1034, 1036, October 1943.
12. Levine, P. and Stetson, R.: Unusual Case of Intra Group Agglutination. J.A.M.A.: Vol. 113, p. 125, July 8, 1939.
13. Levine, P., Katzin, E. M. and Burnham, L.: Rh Factor. J.A.M.A., p. 116, 825, 1941.
14. Levine, P., Burnham, L., Katzin, E. M. and Vogel, P.: The Role of Iso-Immunization in the Pathogenesis of Erythroblastosis. Am. J. Ob. and Gyn.; Vol. 42, p. 925, 1941.
15. Levine, P.: Rh Factor. J. Pediat.; Vol. 23, p. 656, 1943.
16. Levine, P. and Wong, H.: The Incidence of Rh Factor and Erythroblastosis in Chinese. Am. J. Ob. and Gyn.; Vol. 45, p. 832, 1943.
17. Levine, P.: Serological Factors as Possible Causes in Spontaneous Abortions. J. Heredity; Vol. 34, p. 71, 1943.
18. Potter, Edith L.: Rh Factor in Obstetrics. Med. Clin. North Amer.; Vol. 28, p. 254, 1944.
19. Potter, Edith L., Davidsohn, I. and Crundall, Allan B.: Importance of Rh Factor in Erythroblastosis. Amer. J. Ob. and Gyn.; Vol. 23, p. 254, 261, February 1943.
20. Potter, Edith L.: Reducing the Hazards of the First Two Days of Life. J. of Pediatrics; Vol. 23, p. 486, 1943.
21. Potter, Edith L.: Present Status of the Rh Factor in Blood. Amer. J. of Dis. of Children; Vol. 68, p. 41, 1944.
22. Rubnitz, A. S.: Erythroblastosis and Rh Factor in Blood. Nebr. Med. J.; Vol. 28, p. 372, 375, December 1943.
23. Schwartz, H. A. and Levine, P.: Studies on Rh Factor. Amer. J. of Ob. and Gyn.; Vol. 46, p. 826, 1943.
24. Underwood, D. J.: Rh Factor. Okla. M. A.; Vol. 37, p. 17, 20, January 1940.
25. Wiener, A. S. and Silverman, I. J.: Permeability of the Human Placenta to Antibodies. J. Exper. Med.; Vol. 71, p. 21, 1940.
26. Witebsky, E. and Heide, A.: Rh Antibody in Breast Milk. J. Proc. Soc. Exper. Biol. and Med.; Vol. 52, p. 280, 281, April 1943.
27. Wolfe, Samuel A. and Neigus, Irwin: Erythroblastosis Fetalis. Amer. J. of Ob. and Gyn.; Vol. 40, p. 31, 47, July 1940.

## STUDIES ON THE ORAL ADMINISTRATION OF PENICILLIN

Harold G. Nelson, M.D.\*

Kansas City, Kansas

The administration of penicillin by mouth was thought to be ineffective and impractical until the last few months. The reasons for failure of absorption of penicillin by mouth are: first, penicillin is destroyed by the hydrochloric acid present in the stomach; and second, the antibiotic principle is inactivated by the "penicillinase" produced by the normal flora of the intestinal tract and especially by *Escherichia coli*<sup>7</sup>.

That hydrochloric acid is a factor was proved clinically in 1943 by Rammelkamp and Helm<sup>11</sup>, who gave penicillin by mouth to patients with achlorhydria associated with pernicious anemia. The blood levels following the oral method of administration were steadier and persisted for a longer time than when the drug was administered intravenously or intramuscularly. They also administered sodium bicarbonate before giving penicillin and later demonstrated only minute amounts of penicillin in the blood. The optimum stability of penicillin is located in a range of pH 4.8 to 7.9, and since rapid inactivation occurs beyond these extremes, it is readily understood how the alkalinity of sodium bicarbonate and the acidity of gastric secretions inactivate the drug. The delay in emptying time of the stomach following the administration of

sodium bicarbonate may also be a factor in the destruction of the antibiotic<sup>5</sup>.

Libby<sup>8</sup> in February of this year reported encouraging results after oral administration of penicillin by utilizing the fact that little, if any, fat digestion takes place in the stomach and that most of the breakdown and utilization of fats occur in the small

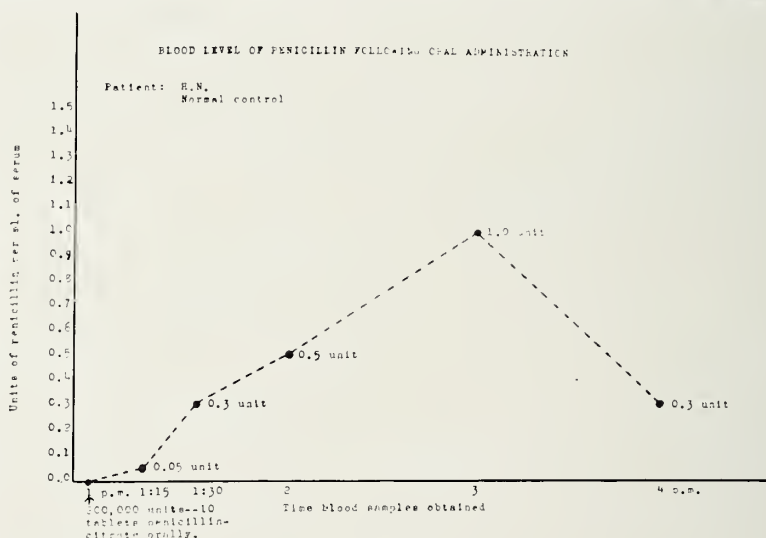


Chart No. 1

intestine. Cottonseed oil was used as the vehicle and the salts of penicillin were prepared in the form of suspension after it was discovered that penicillin acid was unstable in oils and fats.

Little and Lamb<sup>9</sup> observed that by giving sodium bicarbonate or sodium trisilicate with milk and following this 10 minutes later with penicillin dissolved in 1-2 ml. of saline, mixed with raw eggs, therapeutic levels of penicillin were subsequently attained

\* From the Department of Internal Medicine, University of Kansas School of Medicine, Kansas City, Kansas, with the assistance of C. J. Weber, M.D., Ralph H. Major, M.D., and Margaret Foote, A.B.

in the blood. This method does not seem to be sufficiently practical for routine use.

McDermott<sup>10</sup> and others at Cornell reported on oral use of penicillin in March of this year, and noted that the duration of penicillin action may be prolonged by admixture with oil and beeswax prior to ingestion. This result agrees with the work of Romansky and Rittman<sup>12</sup>, who found that by mixing penicillin with oil and beeswax, they were able to prolong the action of penicillin beyond the usual duration after intramuscular injection. McDermott and his associates treated twelve cases of pneumonia due to the pneumococcus by oral administration of penicillin. Their results were comparable to those obtained by the intramuscular route.

György<sup>4</sup> and his coworkers, following a suggestion of Charney, Alburn, and Bernhart<sup>2</sup> recently reported encouraging results by using penicillin calcium orally with trisodium citrate as a buffering salt. One gram of sodium citrate was combined with 10,000 units of penicillin. In suitable amounts by mouth this combination resulted in the clinical cure of twenty-three cases of gonorrhea. The average dose was approximately 20,000 units every hour for 16 doses, making a total of 320,000 units. The sodium citrate given increased the absolute blood levels of penicillin and also prolonged its dissemination in the blood.

Burke, Ross, and Strauss<sup>1</sup>, reporting in the May 12 issue of the Journal of the American Medical Association, have obtained effective therapeutic levels of penicillin by administering aluminum hydroxide tablets one-half hour before ingestion of penicillin powder. The penicillin powder was given in capsules which had been treated with formaldehyde and alcohol to prevent disintegration in the stomach. These authors obtained higher blood levels of penicillin by giving the tablets and capsules before meals. They believe that lower concentration of hydrochloric acid and more rapid passage of penicillin capsules into the small intestine occur when the stomach is empty.

Our first step was to determine the blood and urine concentration obtainable by the administration of these preparations. The method used to determine

the concentration of penicillin in various body fluids was first described by Dr. Jean Cooke<sup>2</sup> of Washington University School of Medicine. Cooke's method was chosen because it is simple, and it requires only materials and procedures familiar to all bacteriologic technicians. In addition to determining the penicillin level, the sensitivity of the causative organisms may also be established by this method. The disadvantage of the method is that it is qualitative to a certain extent and concentrations of penicillin less than 0.1 unit per ml. cannot be detected.

The method used consists essentially in determining the lowest concentration of penicillin which will produce complete inhibition of growth of a standard strain of *Staphylococcus aureus* on an agar petri plate. We have found that by using an additional gram of Bacto-agar per liter of medium, the fluid or serum is absorbed more quickly so that the waiting period of 2-3 hours as given in the original method becomes unnecessary. Our plates made up in this manner will absorb the one-tenth ml. of

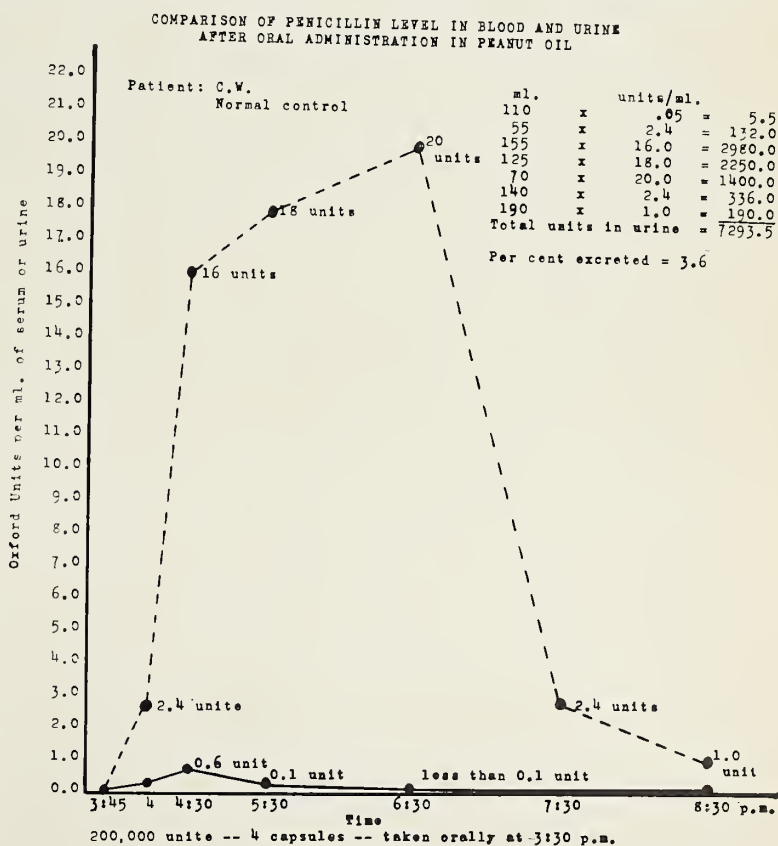


Chart No. II

liquid in about 20 minutes, and the results obtained are consistent with those obtained by the use of the original tryptose agar.

## EXPERIMENTAL STUDIES

The first step in conducting a critical analysis of the preparations of oral penicillin\* was to determine if a blood level within the therapeutic range could be attained. We also wanted to know how soon this level would be reached and how long it would be maintained so that a logical dosage schedule might be determined.

Chart No. 1 shows the blood level attained in a normal control. The height of the level reached after the oral administration of 200,000 units (10 penicillin calcium tablets with citrate) was 1.0 Oxford unit per ml. of serum. This level was reached within two hours after the antibiotic was given. A therapeutic level was reached within 30 minutes of the time of administration and was maintained for at least two and one-half hours after giving a single oral dose. The amount of penicillin in the urine was 22.8% during three hours after administration.

Chart No. 2 is a similar experiment with an equal total dosage of penicillin, i.e. 200,000 units, but the

In no instance was there a failure to obtain a level within the therapeutic range of 0.02 to 0.2 units per ml. of serum as given by Kolmer<sup>7</sup>. The levels are higher than those usually found in the University of Kansas Hospitals using intravenous and intramuscular routes of administration. The total number of units given is, of course, more than usually administered by the latter routes, but does show that high blood levels may be attained with oral administration of penicillin.

Some variation is observed in the level recorded in different patients with an equivalent dose (see patients No. 4, 7, and 10 with respective levels of 6.0, 1.2, and 3 units).

The levels obtained with penicillin calcium and sodium citrate were higher than those obtained with penicillin calcium and peanut oil. This is particularly evident in patient M.F. (No. 4 and 5) who showed a level of 6.0 units with the citrate preparation and 1.4 units with penicillin in oil. The time of adminis-

tration and the total number of units given as well as the time of the blood samples were identical.

Patient No. 3 (C.W.) was a 22-month-old Negro child who had had chills, fever, and a slight cough for approximately 36 hours before admission to the University of Kansas Hospitals. The temperature was 103 degrees on admission. Physical examination revealed dullness to percussion in the upper right chest. There was impaired resonance and impaired breath tones in this area. Coarse moist rales were heard in the right upper chest. Chart No. 4 is a tabulation of the temperature, blood count, and penicillin blood levels in units per ml.

Patient	Diagnosis	Dose	Time blood drawn after last dose	Blood level in units per ml. serum
1. I.B.	Pyelonephritis	4 cap. 1 dose	2 1/2 hrs.	0.8
2. C.D.	Infected burns	10 tab. 1 dose	3 hrs.	1.0
3. C.W. (child)	Lobar pneumonia	1 cap. q hr. 24 doses	45 minutes	0.4
4. M.F.	Normal control	10 tab. q hr. 4 doses	30 minutes	6.0
5. M.F. (same patient as 4)		4 cap. q hr. 4 doses	30 minutes	1.4
6. A.M.	Otitis media	2 cap. q. hr.	75 minutes	0.4
7. E.C.	Osteomyelitis	10 tab. q hr. 3 doses	30 minutes	1.2
8. C.W.	Normal control	4 cap. q 2 hrs. 3 doses	70 minutes	0.6
9. E.T.	Tonsillitis	4 cap. q hr 11 doses	60 minutes	0.6
10. D.W.	Infected burns	10 tab. q. hr. 5 doses	35 minutes	3.0

Capsules contain 50,000 units of penicillin with peanut oil.  
Tablets contain 20,000 units of penicillin calcium with citrate

Chart No. III

vehicle here was peanut oil without buffer. It is seen that the maximum level reached was 0.6 unit. The concentration in the urine was likewise much less than found with the penicillin calcium with citrate. This leads us to conclude that the absorption of the penicillin calcium with peanut oil is not as great as when a buffer such as sodium citrate is employed. There is, of course, the individual variation to be considered; however, other experiments which we have done also lead us to this conclusion.

Chart 3 is presented to show levels of penicillin obtained in 10 patients who received oral penicillin.

\* The penicillin calcium with peanut oil in capsules, each containing 50,000 units of penicillin, and penicillin calcium with sodium citrate in tablets, each containing 20,000 units of penicillin, were kindly supplied by E. R. Squibb and Sons.

of serum.

This child was given one capsule of penicillin

Patient: C.W. Age: 22 months.								
Temp.	W.B.C.	P	F	RF	E	Lyn.	Meta.	Penicillin level
On admission	103	16,800	82	65	17	0	12	6
12 hrs. later	98.2	--	--	--	--	--	--	0.4
48 hrs. later	98.6	10,750	41	40	1	4	55	0
Roentgenological report: "There is pneumonia involving most of the right upper lobe".								

Chart No. IV

(50,000 units) every hour. The temperature was normal in 12 hours. The next day the dose of penicillin was decreased to one tablet every two hours for twenty-four hours. Recovery was uneventful.

Chart No. 5 shows the high levels obtained by the oral administration of penicillin and also clearly brings out the fact that penicillin levels do not vary in direct proportion to the dosage given. A fifty per cent reduction in the oral dose from 200,000 units to 100,000 units decreased the serum level approximately 85%. The level obtained with 20,000 units of penicillin intramuscularly every hour was one-half that produced by ten tablets orally every hour.

It is also important that prior to administration of the drug hemolytic *Staphylococcus aureus* was cultured from the infected burned area. The fourth day after the oral administration of the drug, the cultures were negative and the area was skin grafted the following day. The oral administration of penicillin was continued for five more days. There was no further sign of infection, no offensive odor, and the skin graft took much better than is usually expected in a case of this type. This is in accordance with the work of Hirshfeld<sup>6</sup> and his associates who report that the administration of penicillin greatly increases the percentage of successful skin grafts applied to infected surfaces. Whereas the infected area may not be sterile, the administration of penicillin apparently holds the organisms in check until the skin has a chance to become established in its new location.

In only one patient out of 32 who received oral penicillin was there an undesired reaction. This patient showed nausea and vomiting after the tablets were given, but not after the administration of the capsules. This patient also vomited sulfonamide and vitamin tablets.

#### CONCLUSIONS

1. The administration of penicillin orally produced blood concentrations well above the therapeutic range.

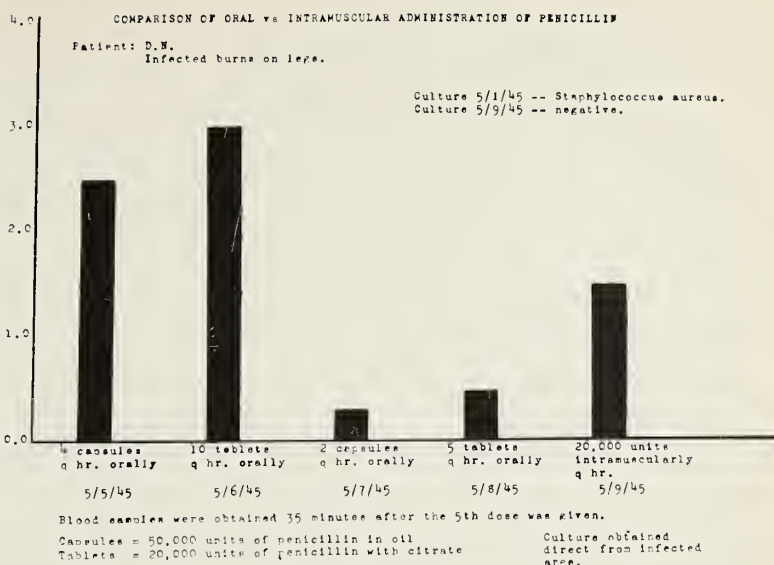


Chart No. V

2. Penicillin calcium combined with citrate gave higher blood and urine levels of penicillin than did penicillin calcium and peanut oil.

3. A case of lobar pneumonia responded promptly and favorably to the administration of oral penicillin.

4. The value of oral penicillin as an adjuvant in combatting a burn infection preparatory to skin grafting was demonstrated.

#### BIBLIOGRAPHY

1. Burke, F. G., Ross, S., and Strauss, C.: Oral Administration of Penicillin. *J.A.M.A.*, 128: 83, 1945.
2. Charney, J., Alburn, H. E., and Bernhart, F. W.: Urinary Excretion of Penicillin in Man After Oral Administration with Gastric Antacids. *Science*, 101: 251, 1945.
3. Cooke, J. V.: A Simple Clinical Method for the Assay of Penicillin in Body Fluids. *J.A.M.A.*, 127: 445, 1945.
4. György, P., Vandergruif, H. N., Elias, W., Colis, L. G., Barry, F. M., and Pilcher, T. D.: Administration of Penicillin by Mouth. *J.A.M.A.*, 127: 638, 1945.
5. Herrell, W. E.: Penicillin and Other Antibiotic Agents. W. B. Saunders Company, 1945.
6. Hirshfeld, J. W., Piling, M. A., Briggs, C. W., and Abbott, W. E.: Penicillin and Skin Grafting. *J.A.M.A.*, 125: 1017, 1944.
7. Kolmer, J. A.: Penicillin Therapy Including Tyrothricin and Other Antibiotic Therapy. D. Appleton Century Co., 1945.
8. Libby, R. L.: Oral Administration of Penicillin in Oil. *Science*, 101: 178, 1945.
9. Little, C. J. H. and Lamb, G.: Penicillin by Mouth. *The Lancet*, I: 203, 1945.
10. McDermott, W., Bunn, P. A., Benoit, M., Dubois, R., and Haynes, W.: Oral Penicillin. *Science*, 101: 228, 1945.
11. Rammelkamp, C. H. and Helm, J. C., Jr.: Studies on the Absorption of Penicillin from the Stomach. *Proc. Soc. Exper. Biol. and Med.*, 54: 324, 1943.
12. Rammelkamp, C. H. and Keefer, C. S.: The Absorption, Excretion, and Distribution of Penicillin. *J. Clin. Invest.*, 22: 425, 1943.
13. Romansky, M. J. and Rittman, G. E.: A Method of Prolonging the Action of Penicillin. *Science*, 101: 196, 1944.

Perhaps the best index of the progress being made in cancer control is the mounting number of cured cases. The American College of Surgeons up through 1943 had registered more than 39,000 patients who had not had recurring symptoms five years or more after treatment. In line with these results are reports of various investigators on the improved survival of cancer patients. To cite one

instance: In Connecticut, of the hospitalized cancer cases treated for the first time in 1935, 63.6 per cent were alive at the end of the calendar year of treatment and 40.7 per cent were alive at the end of the next calendar year; for cases first treated in 1942, the respective percentages were 74.5 and 63.1.—Statistical Bulletin, Metropolitan Life Insurance Company, March, 1945.

## PRESIDENT'S PAGE

*To the Members of the Kansas Medical Society:*

In our last communique you were reminded of the dangers of the Wagner-Murray-Dingell bill. It is useless to rant and rave and condemn the bill unless something constructive can be offered to replace it. The State Medical Societies of Michigan and California invited representatives of 10 other western state societies to meet in Denver in an endeavor to work out a solution to this problem. Your president and executive secretary and Doctors Peck and Nelson represented the Kansas Medical Society at this meeting.

The California and the Michigan State Medical Societies were among the first to establish a medical service plan. Both societies have devised voluntary pre-payment medical plans which retained the private relationship between the doctor and the patient and which, from an economic standpoint, were also successes. Their continued success depends on the concerted action and unity of all the members of the medical societies.

A similar plan has been initiated by your own state society and an outline of its proceedings has already been sent to you. The response from individual members has been very gratifying, but some have not returned their "participating physicians' agreement" cards. It is only by signing these and returning them at an early date that we know we have your approval.

At the Denver meeting it was arranged to call meetings of the Councils of the 27 states to draw up panels based on their respective service plans. Finally, representatives from each state will meet again to draw up a standard panel based on the experiences of all. With all the doctors of each state backing their own panel, the final panel, representing hundreds of doctors, will be a weapon of untold strength. This would form the basis for a national bill to be drawn up by the doctors and to be presented to our federal government. Thus we would have a definite, concrete proposition to submit and we are assured of excellent support both in the Senate and the House of Representatives.

The delegates at the Denver meeting felt a very substantial foundation had been laid. We left with much greater confidence in the general situation and in our own medical service plan.

In the final analysis it is up to us as doctors to assume the responsibility and the leadership for the development of sound health measures.

Sincerely yours,



W. Allen Hancock, M.D.

President

## EDITORIALS

### The Practical Nurse

Publicity on the shortage of nurses, now appearing in every type of newspaper and publication in the country, should be a stepping stone for more universal recognition of a type of worker who is rendering valuable service in both civilian and military hospitals, the practical nurse. With the armed forces absorbing approximately one-fourth of all active graduate nurses, those remaining at home are numerically unable to care for the number of patients desiring and needing their services.

The shortage of nurses in civilian service has been alleviated to a certain extent by the return to duty of a number who had previously retired, and by the employment of those who are currently completing their work in nursing schools, but statistics still show a deficiency. The situation is aggravated by a steady increase in the number of hospital admissions for the country as a whole. Total admissions to all hospitals, including those at military posts, rose from 10,087,548 in 1940 to 16,036,848 in 1944.

There are 32,587 women who will complete graduate nurse training in 1945. Of this number 6,372 were graduated during the first four months of the year, 6,953 will complete their work in August, and 19,262 will be available in December.

Added to this number is another group of about 127,000 persons, student nurses who give an estimated 80 per cent of patient care in hospitals with which their schools are connected. Organization of the U. S. Cadet Nurse Corps in July, 1943, made it possible to build the student enrollment total to its present all-time high, and cadets now comprise 83 per cent of the student body. These cadets are pledged to give essential nursing service, either military or civilian, when their courses are completed.

Hospital statistics also show that practical nurses and attendants render efficient service in many types of nursing duties, although the number of persons doing such work decreased from 109,736 in 1943 to 88,114 in 1944. An increase in this classification would undoubtedly be reflected in better care for the sick, both in hospitals and in private homes, but little encouragement is offered those who might be interested in that vocation.

Admittedly, the practical nurse renders a valuable service in caring for aged, convalescent and chronic patients, thereby releasing a professional nurse for care of patients in more critical condition. But Kansas, along with most of the other states, does not recognize the practical nurse through any form

of legislation. Present laws govern the education, licensing and duty of registered nurses, but omit all mention of those who have the ability to perform some of the same tasks but are not educationally equipped to qualify under the same professional standards.

Several years ago the state of New York took steps to train practical nurses in courses in keeping with the type of work they are best qualified to perform, and there are now twelve schools in that state in which practical nursing is taught. All candidates are between the ages of 18 and 50, are in good health, are graduates of elementary schools or the equivalent, and are citizens of the United States or have secured their first papers. Courses vary in length from nine months to a year.

All physicians now are familiar with the work being done by nurse's aides in the hospitals of our nation. The aides have applied their time and efforts toward learning the non-professional duties of the nurse's work, and they have served faithfully, without compensation. The medical profession is grateful for the assistance they have rendered.

With this type of service as a measure of experience, it appears that physicians should be among the first to encourage the training and employment of the practical nurse as an auxiliary to the registered nurse.

---

### Veterans' Administration

On May 25 a bill was introduced in Congress to establish a medical and surgical department in the Veterans' Administration. This was to be staffed by medical officers selected from active service in the Army or Navy. Direct power was given the Veterans' Administration through this bill to take any medical officer now serving with the armed forces into the Veterans' Administration prior to his release. He would be commissioned and paid in this service exactly as he was where he had served previously.

The threat therein contained created an enormous amount of protest, which evidently was successful because within the last few days it has been officially announced that the bill, as originally prepared, would not be submitted for vote.

It was recorded in the Journal of the American Medical Association of June 30 that medical officers in the Army or Navy would not be taken into the Veterans' Administration unless they had previously served with the Veterans' Administration or unless the officer specifically requested such assignment.

This is a temporary victory over one of the most serious threats against the personal liberty of those men now serving with the armed forces. There is no

(Continued on Page 238)

# POSTGRADUATE FUND

The Kansas Medical Society, as a gesture of appreciation toward its members who have served with the armed forces, has voted to raise a fund of \$100,000 to be used in assisting returning medical officers in obtaining postgraduate education before re-entering private practice.

This fund represents voluntary contributions from individual doctors and, in a few instances, gifts from non-medical persons who asked that they be permitted to contribute. Several donations of \$1,000 have been received. The majority represent \$100 donations, although any amount is acceptable.

As of June 15, 1945, there was on deposit in the National Bank of Topeka \$28,248.75 in cash and \$45 interest on bonds. In the safety deposit vault is \$7,952 in war bonds. At present, therefore, there is on hand toward this fund a total of \$36,243.75, a little more than one-third the goal that was set.

As a safeguard to insure the proper distribution of the money, it has been held for deposit only until a definite policy could be established. A questionnaire has been sent each member now serving with the armed forces asking his plans for postgraduate education. Approximately two-thirds of these have been returned and are now being tabulated and analyzed. A summary of these replies will appear in the August issue of the Journal.

Dr. W. P. Callahan, president, has appointed a new committee to study the distribution that shall be made of this money. This committee consists of Dr. Harold H. Jones, Winfield, chairman; Dr. F. C. Beelman, Topeka; Dr. C. H. Benage, Pittsburg; Dr. L. B. Gloyne, Kansas City; Dr. J. L. Lattimore, Topeka; Dr. Ben H. Mayer, Ellsworth; Dr. J. H. A. Peck, St. Francis. This committee will meet in the next few weeks to go over the questionnaires and form a definite policy regarding disbursements.

Several policies have already been agreed upon. Each medical officer desiring postgraduate education shall have the opportunity of receiving assistance from this fund. Each medical officer shall select the school and the course of study he prefers. Beyond that, the amount of assistance to be given will be determined entirely by the size of the fund.

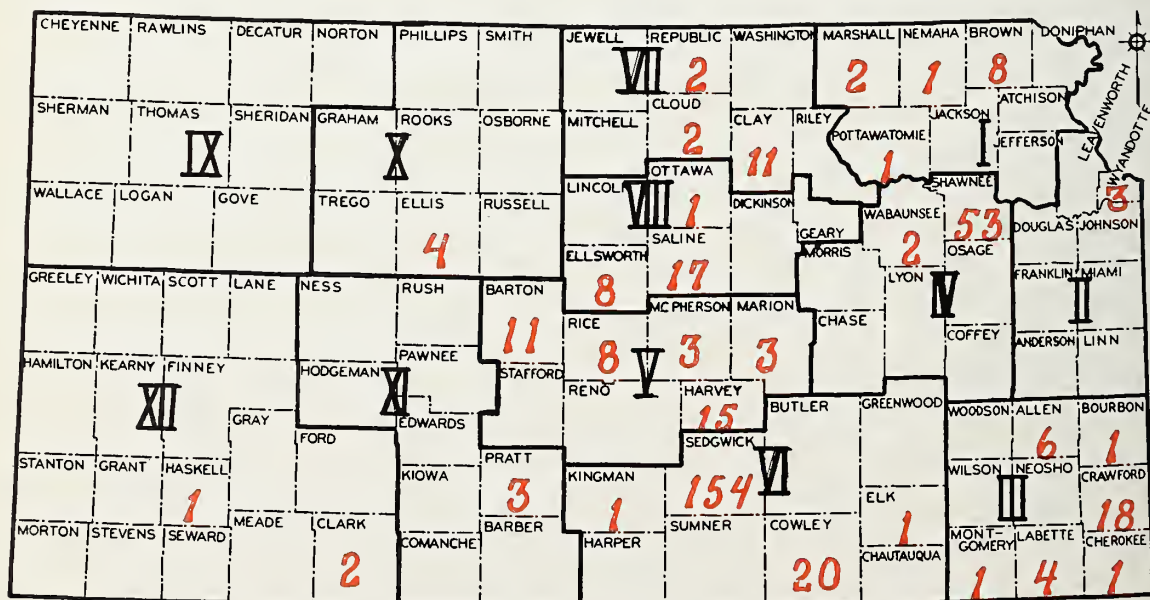
From the questionnaires we learn that the great majority of our members in service plan to return to Kansas after their release. Most of them wish to return to the communities where they practiced before the war. Nearly all have expressed a desire for taking some kind of graduate education before re-entering civilian practice. The average time requested is approximately three months, although quite a number have expressed a desire for six months or a year.

There is a possibility that the medical officer will benefit under the G. I. Bill of Rights. If he does, he will be eligible for tuition, books, and something like \$75 a month subsistence allowance. We sincerely hope that this benefit will be allowed to officers of the Medical Corps. If it is not, the Kansas Medical Society will need a much larger sum of money before any appreciable help can be given.

The Kansas Medical Society is proud of the remarkable record that the doctors of Kansas have made in this war. Those who remain at home are happy to have this opportunity of expressing their appreciation and sincerely hope that the small gesture on their part will at least serve as an expression of their continued interest in each member who is now away.

The map below shows locations from which donations have been received. The numbers in red represent approximately the amount given in that county by hundreds of dollars. The only inaccuracy on the map is that each fraction of one hundred is accredited as an additional full hundred dollars.

Since the preparation of the map several gifts have been received that are not recorded here. These will be included in a future issue of the Journal when a revised map will be published. Contributions are voluntary but it is sincerely hoped that each member will send in a donation, thereby expressing his personal appreciation for the services rendered by Kansas doctors now with the armed forces. Although an average of \$100 is required from each member of the Society if \$100,000 is to be obtained, your Society will welcome a gift of any size. Kindly mail your checks, payable to the postgraduate fund, to the Kansas Medical Society, 406 Columbian Building, Topeka, Kansas.





## *When Weight Gains* **ARE NEEDED**

For the underweight patient just recovered from severe acute or chronic illness, increase in weight may be difficult to achieve with the customary high-caloric diet. Yet restoration of normal fat deposits and correction of nutritional deficiencies are essential for rapid return of strength and resistance to infection.

The intake of essential nutrients high in calorific value is expeditiously accomplished by including Ovaltine in the diet. This tasty food drink, made with milk as directed, is

enjoyed by all patients both as a mealtime beverage and between meals. Not only rich in calories, it also provides generously other nutrients urgently required: biologically adequate proteins, highly emulsified fat, B complex and other vitamins, as well as the essential minerals iron, copper, calcium, and phosphorus. The low curd tension of Ovaltine favors quicker gastric emptying, hence the appetite actually tends to become enhanced through this desirable behavior.

**THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.**



## *Ovaltine*

Three daily servings of Ovaltine, each made of  $\frac{1}{2}$  oz. Ovaltine and 8 oz. of whole milk,\* provide:

PROTEIN . . . . .	31.2 Gm.	VITAMIN A . . . . .	2953 I.U.
CARBOHYDRATE . . . . .	62.43 Gm.	VITAMIN D . . . . .	480 I.U.
FAT . . . . .	29.34 Gm.	THIAMINE . . . . .	1.296 mg.
CALCIUM . . . . .	1.104 Gm.	RIBOFLAVIN . . . . .	1.278 mg.
PHOSPHORUS . . . . .	.903 Gm.	NIACIN . . . . .	7.0 mg.
IRON . . . . .	11.94 mg.	COPPER . . . . .	.5 mg.

\*Based on average reported values for milk.

## EXECUTIVE OFFICE

### Drafting Panel

On June 28 and 29 representatives of the Michigan Medical Society and the California Medical Society met in Denver and invited ten western states to discuss with them problems pertaining to public relations and legislation. Kansas was among the states invited to attend and sent as delegates Dr. W. P. Callahan, president; Dr. B. A. Nelson, president of Kansas Physicians' Service; Dr. J. H. A. Peck, and your executive secretary. Most other states sent their presidents. In several instances six or seven doctors attended, and five executive secretaries were present.

It was interesting to note that this meeting was called for a definite purpose and that a course of action was outlined. Believing the subjects to be of interest to each member of the Kansas Medical Society, we wish to report to you a summary of what was accomplished.

The American Medical Association, having long felt a definite need for leadership in the scientific side of medicine, continues to offer its members a splendid service in this regard. There is also need, however, for leadership in the economic phase of medicine. Several months ago Michigan and sixteen other states meet in Detroit to discuss this problem. A program for the future was outlined and this western meeting was for the purpose of asking more states to participate in the plan previously adopted.

It all arose when a senator from Michigan told the medical profession that he would be glad to sponsor any positive legislation that the doctors had to offer designed to combat compulsory socialized medicine. Michigan promptly appointed a drafting panel and presented at the Denver meeting the results of the work done by this committee.

There were five or six sections of which the following is of primary interest. It was recommended that the Federal government encourage all pre-payment medical plans that are sponsored by medical societies. Additional benefits that the government feels obligated to give shall then be provided by the government and supplied by the medical society's pre-payment plan. If the government feels obligated to supply free medical care to veterans and their families, instead of spending enormous amounts for setting up a government organization, it would be infinitely simpler and more economical for the government to pay the subscription fee required by state pre-payment plans in behalf of the veteran and his family. In the same way, the

Children's Bureau could provide its services through the medical care plan in every state and thereby would be ended its domination in the field of medical care. A government obligated to provide medical attention to its indigent could provide that care through the voluntary medical care plans and would learn that services could be provided thereby much more economically than if administration was maintained in a national office.

Translating this into Kansas, it would mean that the Kansas Physicians' Service would sell all contracts possible just as is now the plan. The Federal government then would pay to the Kansas Physicians' Service the subscription rate for each veteran and his family who resides in Kansas, for each child receiving service now administered by the Children's Bureau, and for all the indigent. In return these people would select their own doctors and their own hospitals and would receive a better type of medical care than is possible under any other program. It is readily understood that such an increase in enrollment would immediately raise the benefits to which each subscriber is entitled and would also probably reduce the subscription rates.

Each state present was asked to report this discussion to its membership. The president in each state was asked to appoint a drafting panel. This panel will not attempt to write a law because the legislators have agreed to do that. The drafting panel will merely attempt to record the items of constructive legislation that would be desirable.

In Kansas Dr. Callahan will appoint such a committee in the near future. This committee will proceed on its own initiative to establish the points the doctors in Kansas would like to have covered. The work of the drafting panel will then be studied and approved by the council. Then, sometime in the future, the presidents of the twenty-nine states co-operating in this program will meet to correlate all the constructive ideas presented by the various states. These will then be submitted as a platform that is desired by the medical profession. As many senators as are willing to co-operate will be invited to assist in the preparation of this bill, and, once completed, it will be submitted as a positive statement in contrast to the eternal negative that has so long characterized the medical profession. It is confidently expected that this procedure will be a long practical step toward not only defeating legislation advocating the socialization of medicine but will also provide a benefit to medicine that will be reflected for a long while to come.

The executive office will welcome any ideas on this subject and will forward all such correspondence to the drafting panel for its consideration.

### IMPORTANT NOTICE TO SERVICE MEN

The December Journal will be the last issue sent overseas unless the medical officers now on the mailing list write us before that date and request that we continue mailing the Journal to them.

Postal regulations prohibit mailing the Journal overseas unless a specific request has been received. Requests should reach the Executive Office, 406 Columbian Building, Topeka, Kansas, before December 31, 1945.

We want to continue sending you the Journal. Please write at once so that we can send it to you during 1946. Or, if you prefer, fill in the form below and mail to the Executive Office.

Please send the Journal of the Kansas Medical Society to me during the year 1946. My present address is shown below:

Name	Rank	Serial Number
_____	_____	_____
_____	_____	_____

# *The Menninger Sanitarium*

For the Diagnosis and Treatment of  
Nervous and Mental Illness

# *The Southard School*

For the Education and Psychiatric  
Treatment of Children of Average  
and Superior Intelligence. Boarding  
Home Facilities.

Topeka, Kansas

## KANSAS PHYSICIANS' SERVICE

Last month each member of the Kansas Medical Society received the Participating Physician's Agreement and a copy of the Subscriber's Agreement. Returns have been excellent, but Kansas Physicians' Service cannot be entirely successful until each member in the Society has become a participating physician. May we ask you again to return this material. If there are any questions, correspondence is invited. Every attempt will be made to satisfy doubts. The officers of Kansas Physicians' Service are certain that when this subject is fully explained, you will approve the program.

We are attempting below to answer some of the most frequent questions that are raised regarding Kansas Physicians' Service.

### **Why should the medical profession enter the field of insurance?**

There are two answers. In the first place, this is not exactly insurance as the word applies to a company organized for profit. A professional insurance company can sell nothing except so much value based on dollars and cents. We are offering medical care. The subscriber to Kansas Physicians' Service does not receive money as an indemnity. He receives medical care. No professional insurance company can provide that benefit.

The second answer is that this merely offers the patient an opportunity for budgeting the cost of medical care whereby he pays for it a little at a time instead of in larger amounts, often when he is least able to pay.

### **Is this socialized medicine?**

The term socialized medicine has been loosely applied to many ideas recently expressed in the field of medical practice. Most frequently, however, it has been used to apply to that type of medical care wherein the Federal government dominates the picture. If this is socialized medicine, it is at least entirely controlled by the medical profession. Free choice of physician is still maintained and all physician-patient relationships are left undisturbed.

Policies governing the Kansas Physicians' Service are made by members of the Kansas Medical Society, elected according to democratic plans. If it is socialized medicine, it is certainly the most attractive form of socialized medicine that could be adopted. The only change between medicine under Kansas Physicians' Service and medicine as it is practiced today is the manner in which the patient pays his bill.

### **Why are benefits paid only for the patient who goes to the hospital?**

Benefits will be paid for any surgical, obstetrical or orthopedic care to which the subscriber is entitled wherever rendered, either in the hospital, in the doctor's office, or in the patient's home. Hospital entrance is not required for any benefit except non-surgical illness.

Non-surgical illness benefits are not included in many similar plans. They were allowed in Kansas only after considerable restrictions were imposed on that type of benefit.

There is a definite reason for this. Pre-paid medical plans represent a service that doctors offer to the public. There is a good deal of altruism in projects of this nature, but in spite of all that such plans must pay for themselves. This still represents business organization. Unless there is money in the bank to pay for services provided, the organization cannot survive, and that condition would provide the best excuse for compulsory medical service on a national basis. Several other states learned to their sorrow that too much had been granted early.

As soon as reserves are built up, benefits will be increased so that all items on the Schedule of Benefits will be more completely satisfactory to the medical profession.

There are figures available showing how much must be charged a subscriber if he is to receive total coverage. Many doctors have asked why home calls and office visits are not included. They could be included, but the subscriber's cost would be many times the cost listed in the Subscriber's Agreement. The plan applying here is the principle of automobile collision insurance. A fifty-dollar-deductible policy is the almost universal plan in effect. Most car owners are satisfied to pay the first fifty dollars themselves rather than to pay the enormously increased cost of complete coverage. We are certain that the same principle applies in medical care. The average person wants protection against the large medical expenses and is willing to continue paying for the small items himself.

### **Why should Kansas Physicians' Service limit the physician's fee?**

Kansas Physicians' Service does not limit the physician's fee. Except for the lowest income group, the physician still charges exactly as always. In fact the individual physician even determines whether or not the patient comes under the lowest income group. The Schedule of Benefits establishes a minimum but no maximum charge. This, you will note, is a distinct advantage over the system that is prevalent today. You have no established minimum fee at present. That is determined entirely by the patient's economic status. Such a plan as offered by Kansas Physicians' Service gives you a minimum fee. The fact that you sign in the Participating Physician's Agreement not to charge in addition to the benefits provided if the patient earns less than \$2,400 is probably no handicap because such a patient rarely would have paid fees of this amount anyway.

Your medical society is extremely anxious to have each member understand this program and co-operate with it. Any questions you have on this subject will receive a prompt reply. Suggestions as to ways in which this program, the program of the Kansas Medical Society, can be improved will be gratefully received and forwarded to the Board of Directors of Kansas Physicians' Service.

## THE TROWBRIDGE TRAINING SCHOOL

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

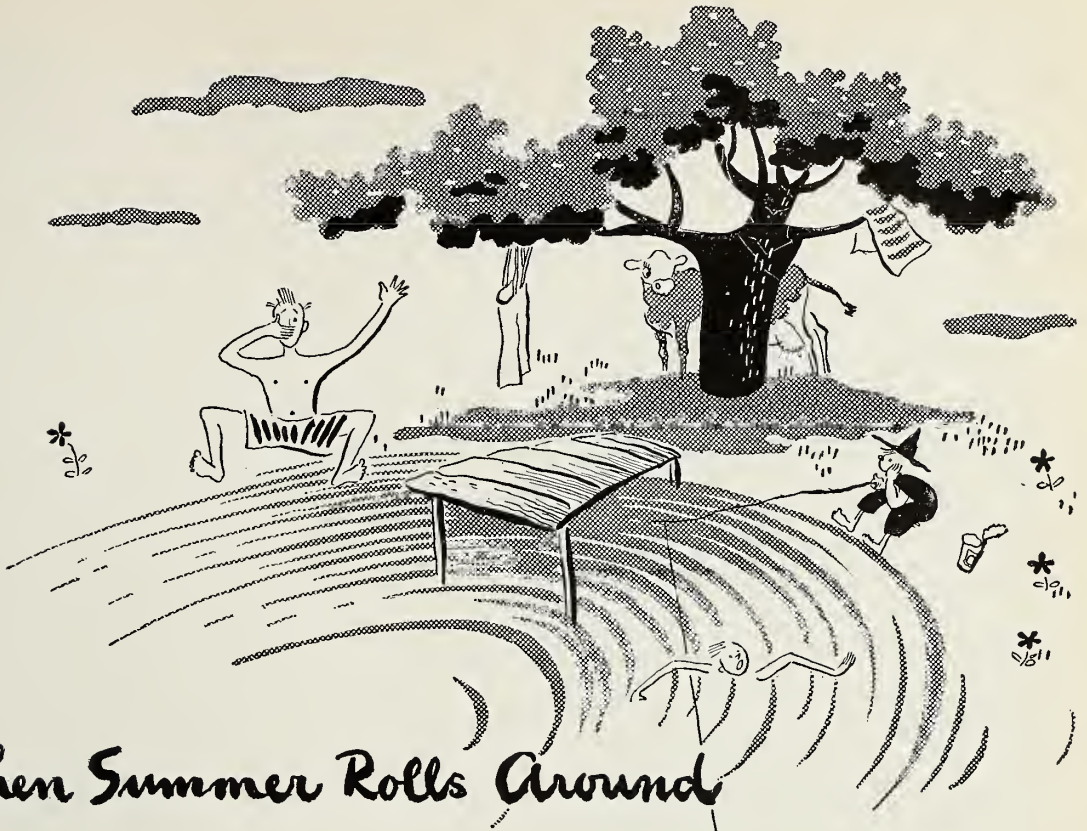
**The Best in the West**

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.

1850 Bryant Building

E. HAYDEN TROWBRIDGE, M.D.

Kansas City, Mo.



Vitamin D cannot be given a vacation, because

supplementation is as important in the summer as it is

in winter. In substantiation, leading nutritionists point

to the presence of rickets in sunny California,<sup>1</sup> and to the

danger of breaking a good habit once it is developed.<sup>2</sup>

Upjohn's vitamin preparations assure potent, natural vitamin D supplementation which, even on the hottest days, can be well tolerated by the youngest of infants.

## Upjohn Vitamins



KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

1. Am. J. Dis. Child, 54:1227, 1937. 2. The Vitamins, Chicago, American Medical Assn., 1938, p. 524.

### Promotions at School of Medicine

Promotion in academic rank of twelve faculty members at the University of Kansas School of Medicine were announced recently by Chancellor Deane W. Mallott. Dr. J. E. Walker, associate clinical professor of medicine, becomes clinical professor. Four assistant professors advance to associate professorships, Doctors D. C. Peete, Graham Asher and Orval Withers in medicine and Dr. A. T. Steegman in psychiatry. Dr. B. L. Elliott, psychiatry, and Dr. J. L. Billingsley, ophthalmology, are promoted to assistant

professorships. New associates are Dr. J. H. Jennett and Dr. H. L. Douglas, medicine, and Doctors W. H. Gordon, R. C. Fredeen and George Herrman, pediatrics.

### Session on Physical Medicine Cancelled

The annual scientific and clinical session for 1945 of the American Congress of Physical Medicine has been cancelled. This meeting was to have been held in New York City, September 5 to 8, 1945.



## Prescribe or Dispense Zemmer Pharmaceuticals

A Complete line of laboratory controlled ethical pharmaceuticals.

KA 7-45

*Chemists to the Medical Profession for 43 years.*

The Zemmer Company, Oakland Station, Pittsburgh 13, Pa.

## ALCOHOL—MORPHINE—BARBITAL

**ADDICTIONS** Successfully Treated Since 1897—  
Founded by B. B. Ralph, M.D.



*Write for description booklet*

## The Ralph Sanitarium

529 Highland Ave.

Kansas City, Mo.

Telephone—Victor 4850

Registered by the Council on Medical Education and Hospitals  
of the A. M. A.

## Free to Doctors and Hospital Superintendents!

During the twelve years I served as president of the Kansas City, Kansas, Unit of the National Retail Credit Association, I prepared and delivered at the meetings of that organization a series of lectures on collections and related subjects.

At the insistence of many of those who heard these lectures, I published them in book form and that book, "Proven Plans To Speed Collections," now in its fourth printing, has been bought by persons in 43 states of the Union, Canada, Australia and Hawaii at \$5 per copy.

I have now decided to make the information in that book available in condensed form in a monthly bulletin, with my compliments, if enough persons are sufficiently interested to ask for it.

This bulletin will be chock full of collection ideas, plans, letters and paragraphs, as well as suggestions for statement notations, tracing tricks and labor saving office short cuts.

It will contain no advertising but I feel that you will appreciate the information enough to remember me when you DO have accounts for collection.

If you would like to receive such a monthly bulletin absolutely without cost or obligation, just drop a line to that effect, on your business letterhead, to David Morantz, Manager

## MORANTZ MERCANTILE AGENCY

SECOND FLOOR, GROSSMAN BLDG., KANSAS CITY, KANSAS

CONSTRUCTIVE COLLECTORS OF CURRENT AND PAST DUE ACCOUNTS SINCE 1913

Reference: SECURITY NATIONAL BANK, KANSAS CITY, KANSAS

An Invitation to Hear the Brilliant Radio Program

## "THE DOCTOR FIGHTS"

Every Tuesday with Guest Stars of Stage and Screen

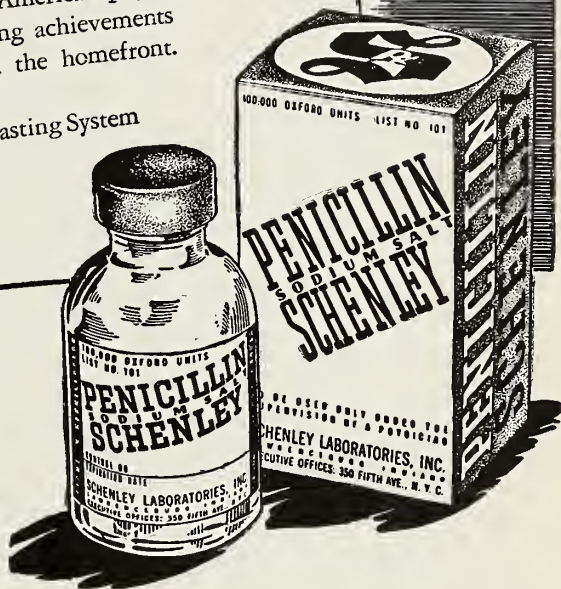
A dramatic program dedicated to America's physicians. Presenting recent outstanding achievements of doctors both overseas and on the homefront.

Tuesday Evenings... Columbia Broadcasting System

8:30 C.W.T.

# PENICILLIN

*Product of nature uncontrolled...*



## PENICILLIN SCHENLEY

*Product of nature precision-controlled*

THE production of pyrogen-free penicillin for the medical profession today is dependent upon the most *rigid* control science can devise.

*Precision* control at every step in the production of Penicillin Schenley insures unvarying purity of product . . . and means you can specify Penicillin Schenley with utmost confidence.

### SCHENLEY LABORATORIES, INC.

Producers of PENICILLIN Schenley • Executive Offices: 350 Fifth Avenue, N.Y.C.

**VETERANS' ADMINISTRATION**

(Continued from Page 229)

assurance that other problems will not need to be met later.

Not long ago an official of the Federal Security Agency made a direct statement to the medical profession that the Veterans' Administration is planning to build hospitals sufficient to supply 300,000 additional beds. At first these would be used to care for veterans of this war. It was later admitted that in the near future officials were planning to permit these facilities to benefit the families and dependents of the more than ten million veterans of the United States. An ambitious program of this kind giving each state an average of six thousand additional beds for supplying free medical care will always be a danger until the idea is abandoned.

Even though this appears to be a temporary victory, it hardly seems possible that sufficient medical officers will request this service in preference to discharge from active duty.

Proponents of such benefits for veterans of this war are then faced with one of the following alternatives. They will abandon their plan or substitute for it some form of medical benefits more closely in line with the present system of medical practice. If this course is not selected, they will either find a new means of coercing the medical profession to provide its services or they will find a way to make service with the Veterans' Administration attractive

enough that doctors will want to participate. At present there is no indication that any of these courses has been studied.

## Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)  
Incorporated not for profit

### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting July 16, and every two weeks during the year. One Week Course Surgery of Colon and Rectum September 10. 20 Hour Course Surgical Anatomy October 8.

**GYNECOLOGY**—Two Weeks Intensive Course October 22. One Week Personal Course Vaginal Approach to Pelvic Surgery September 17.

**OBSTETRICS**—Two Weeks Intensive Course October 8.

**ANESTHESIA**—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

**ROENTGENOLOGY** — Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

**UROLOGY**—Two Weeks Course and One Month Course every two weeks.

**CYSTOSCOPY**—Ten Day Practical Course every two weeks.

**GENERAL, INTENSIVE AND SPECIAL COURSES IN  
ALL BRANCHES OF MEDICINE, SURGERY  
AND THE SPECIALTIES**

**TEACHING FACULTY—ATTENDING STAFF OF  
COOK COUNTY HOSPITAL**

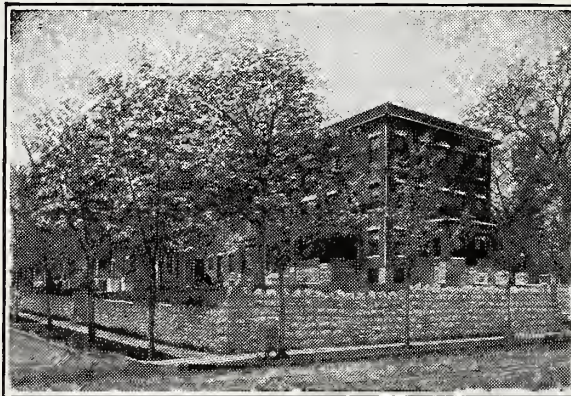
Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.

# THE MAJOR CLINIC ASSOCIATION

3100 EUCLID AVENUE

KANSAS CITY, MISSOURI

A Well  
Equipped  
Institution  
for the  
Nervous and  
Mental  
Diseases and  
Alcohol  
Drug and  
Tobacco  
Addictions



Beautiful  
Location  
Large,  
Well Shaded  
Grounds,  
Spacious  
Porches,  
All Modern  
Methods for  
Restoring  
Patients to a  
Normal  
Condition

**HERMON S. MAJOR, M.D.**  
*Medical Director*

**HENRY S. MILLETT, M.D.**  
*Associate Medical Director*

**HERMON S. MAJOR, JR.**  
*Business Manager*



## Shells of Mercy

Not shrapnel, not armor-piercing steel—but sulfas, penicillin, analgesics, and surgical supplies go into these shells of mercy. Fired to soldiers fighting in isolated pockets, they help keep open that vital life line of medical aid.

● Behind this and countless other new developments in the care and treatment of our fighting men is the military medical man. His "war" goes on even when the guns are silent. His hours are long. His rest periods are few. Very often they are limited to moments with a cigarette. And more than likely the cigarette is a Camel, for Camels are a service favorite around the world.

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.



*Costlier Tobacco*

# Camel

### Three Generations in Medicine

A surgical unit made up of three generations of the same family performed an operation in Manhattan recently. Dr. James D. Colt, Jr., who performed the operation, was assisted by his father, Dr. James D. Colt, Sr., and his son, Dr. James D. Colt, V.

Another coincidence is that in May the Governor re-appointed Dr. Colt, Jr., to the Kansas State Board of Medical Registration and Examination, and the father will now have the honor of participating in the examination of his own son. Dr. Colt, V, recently completed his work at the University of Kansas School of Medicine and will take the state board examinations in July.

BUY WAR BONDS AND STAMPS

*The Neurological Hospital, 2625 The Paseo, Kansas City, Missouri. Operated by the Robinson Clinic, for the care and treatment of nervous and mental patients and associated conditions.*



Accident, Hospital, Sick Insurance



# INSURANCE

**FOR PHYSICIANS—SURGEONS—DENTISTS**  
Exclusively

*All Premiums Come from Physicians, Surgeons, Dentists  
All Claims Go to Physicians, Surgeons, Dentists*

For  
**\$5,000.00 accidental death \$32.00**  
\$25.00 weekly indemnity, accident and sickness per year

For  
**\$10,000.00 accidental death \$64.00**  
\$50.00 weekly indemnity, accident and sickness per year

For  
**\$15,000.00 accidental death \$96.00**  
\$75.00 weekly indemnity, accident and sickness per year

**ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN**

*43 Years under the same management*

**\$ 2,700,000.00 INVESTED ASSETS**  
**\$12,700,000.00 PAID FOR CLAIMS**

*\$200,000.00 deposited with State of Nebraska for protection of our members.*

*86c out of each \$1.00 gross income used for members' benefit*

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

**Physicians Casualty Association**  
**Physicians Health Association**  
**400 First National Bank Bldg., Omaha 2, Nebr.**

## 2 More Reasons Why AO TILLYER

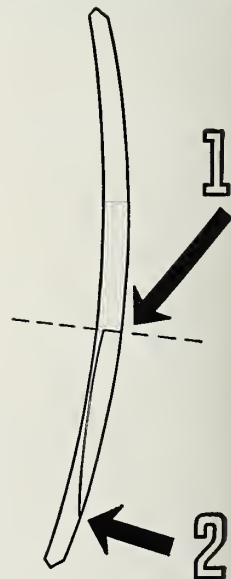
# Ful-Vue BIFOCALS

### Have the Edge on Other Designs

Because of the scientific design of Tillyer Ful-Vue Bifocals, two very important factors make them outstanding for comfort and visual efficiency: the angled segment top, and the feather edge of the rest of the segment.

When seen in cross section, the top of the Ful-Vue Bifocal segment is pitched downward, making the segment top almost invisible to the eye, and reducing annoying reflections which would ordinarily reflect in the eye.

Except for the top edge, the remainder of the segment is feathered so that it is scarcely visible to either the wearer or outside observer. This enhancement of appearance assures greater patient satisfaction.



American  Optical  
COMPANY



**Notwithstanding wartime handicaps, G.E.'s *Periodic Inspection and Adjustment Service* continues its role of expert electrical and mechanical maintenance of x-ray and electromedical equipment.**

Fifteen years ago, we announced to all users and prospective users of G-E x-ray and electromedical apparatus that henceforth there would always be conveniently available to them a corps of factory-trained experts on whom they could rely to keep their equipment at its highest operating efficiency.

Today, throughout the United States and Canada, this *Periodic Inspection and Adjustment Service* is acknowledged to be a prime consideration in any evaluation of G-E equipment—a consensus which obviously is based on gratifying experiences.

*Thus P. I. and A. has stood the test of time—yes, even through these war years, when pre-war promises have at times seemed impossible of fulfillment.*

The long established high standard of efficiency of *P. I. and A.* service is still adhered to, and while

the cost of providing it has obviously increased, those who contract for it are enjoying the same rates as prevailed before the war.

It is facilities such as this, readily available through our nationwide field organization, which justify and enhance every investment in G-E equipment.

For helpful information and suggestions, you can rely on your nearby G-E representative. Write today for his address.

1895 OUR FIFTIETH YEAR OF SERVICE 1945

**GENERAL  ELECTRIC  
X-RAY CORPORATION**

2012 JACKSON BLVD.

CHICAGO (12), ILL., U. S. A.

### Opening for Physician

A request for a physician for an industrial medical practice in St. Joseph, Missouri, was received at the executive office recently from the Kansas City office of the War Department's Seventh Service Command Infirmary. The physician can be employed as a Civil Service employee or as a contract surgeon to the United States Army.

Regular hours are maintained, from 8:30 to 4:30 each day, and although there is little work the presence of a physician is necessary to maintain the health of 2,000 employees of the St. Joseph Sub-Depot. A retired physician or a doctor of limited physical capabilities may qualify. The salary range is from \$300 to \$450 per month.

Kansas physicians who are interested may secure more detailed information by writing Captain Louis Cohen, MC, War Department, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri.

## RADIUM

(including Radium Applicators)

FOR ALL MEDICAL PURPOSES  
Est. 1919

Quincy X-Ray & Radium Laboratories  
(owned and directed by a Physician-  
Radiologist)

Harold Swanberg, B.S., M.D., *Director*  
W. C. U. Bldg. Quincy, Illinois

### 10-10 PLAN



"Face saving" encourages patients to pay to you; the reason it is possible to service this successful procedure for a very small portion of accounts actually settled within 10 days. Ask about our 10-10 Collection Plan by letter or telephone.



### ASSOCIATED CREDIT BUREAU

SUITES 3-4, PALACE BLDG., EMPORIA

L. D. PHONE 2444

One of the bureaus of the National Association of Medical-Dental Bureaus and the Associated Credit Bureaus of America, Inc. Just good service by Kansas "boys and girls" operating one of Kansas' finest collection offices.

PAUL O. KRUEGER, Executive Director

# THE Lattimore Laboratories

TOPEKA, KANSAS

J. L. Lattimore, M.D., *Director*

A. C. Keith, B.S., *Chemist*

H. C. Ebendorf, M.T., *Serologist*

PATHOLOGY, SEROLOGY, CHEMISTRY, BACTERIOLOGY,  
HEMATOLOGY AND PARASITOLOGY

*Containers furnished upon request.*

### OFFICES:

Topeka, Kan.

El Dorado, Kan.

Sedalia, Mo.

McAlester, Okla.

# Effective Convenient Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

## Mercurochrome

(H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium)

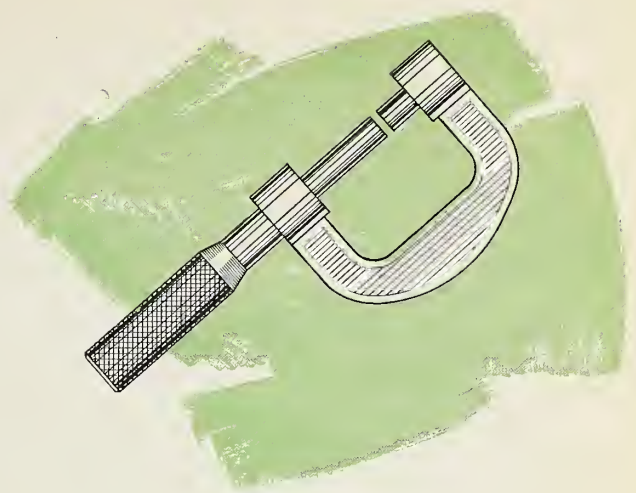
is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



**HYNSON, WESTCOTT  
& DUNNING, INC.**  
BALTIMORE, MARYLAND



## Precision Instrument

When medical science developed liver therapy, it found a "precision instrument" for dealing with pernicious anemia.

But a precision instrument, no matter what its design, is only as reliable as the toolmaker who produces it. *Likewise liver extract.*

Purified Solution of Liver, Smith-Dorsey, will give you uniform purity and potency for the treatment of pernicious anemia. It is manufactured under conditions which meet strict professional requirements. Laboratories are capably staffed; facilities are modern; production is carefully standardized.

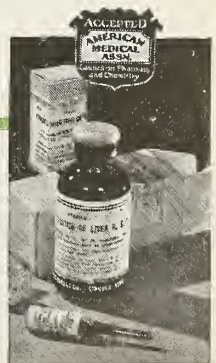
For precision in liver therapy, you may rely upon

**PURIFIED SOLUTION OF**

## Liver SMITH-DORSEY

Supplied in the following dosage forms: 1 cc. ampoules and 10 cc. and 30 cc. ampoule vials, each containing 10 U. S. P. Injectable Units per cc.

THE SMITH-DORSEY COMPANY • Lincoln, Nebraska  
Manufacturers of Pharmaceuticals to the Medical Profession Since 1908



### Record of Army Medical Department

The Medical Department, its doctors, its nurses, its corpsmen, has saved the lives of 97 out of every 100 men wounded in battle who reach a hospital, compared with 92 in the World War. Seventy out of every 100 wounded overseas were returned to duty, and 27 were evacuated to this country.

During the past three years, the Medical Department has maintained a record of less than one death from disease per 1,000 men per year. During the World War, 19 out of every 1,000 men died each year from disease. During the Spanish-American War we lost 26 out of every 1,000 per year, and in the Civil War 65 out of every 1,000 men died each year from disease.

In all, during this war, 12,000 men died from disease from December 7, 1941, to May 1, 1945. In World War I, 62,670 men died from disease; in the Spanish-American War, 3,500 died from disease, and in the Civil War, 336,216 men of the Union and Confederate armies died from disease.

Malaria has been reduced from hundreds of cases per 1,000 men per year to less than 50. The dysenteries, which once put entire regiments and armies out of action, have occurred among less than 90 out of every 1,000 men per year and have been readily controlled. During World War I, 38 per cent of the men who contracted meningitis died, compared with four per cent in the present war, and 24 per cent of those who caught pneumonia died in 1918 compared with only seven-tenths of one per cent in this war.

No greater tribute can be paid to the Medical Department of our Army than the tribute paid by its record of saving lives in this war.

It is a record written by Medical Corpsmen following the troops into battle; by doctors performing their surgery

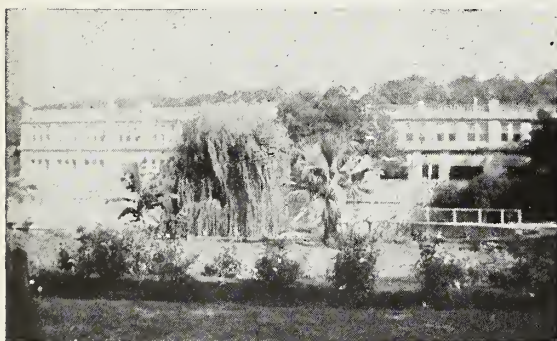
amid the bursting of bombs; by the self-sacrifice of American women in the Nurse Corps, laboring long hours under the most difficult of conditions, by thousands of other Medical Department personnel, and by scientific research and development.

The Medical Department today is well prepared for the intensification of its work brought about by the cessation of hostilities in Europe. Thousands of wounded veterans in the European and Mediterranean theaters are being transported to the United States as fast as ships and planes are available. Physical examinations are being given to each of the 3,500,000 soldiers in those theaters before they are redeployed. And Medical Department personnel will be sent to the Pacific in ever-increasing numbers as our forces are marshalled for the final blows against Japan.

The peak of the Medical Department's activities will not be reached until the fall of 1945. At present, wounded and sick are being returned to this country from all theaters at the rate of 44,000 a month. This evacuation will continue until all of the patients in the European and Mediterranean theaters are removed, which will require 90 days.

In concluding his report on the splendid work of the Army Medical Department, Major General Norman T. Kirk, surgeon general, gave assurance that the department will continue to furnish the best of medical care.

"Illness and recuperation of wounded and injured men does not cease with a formal declaration of the end of hostilities on any front," he said. "The care of those men and women is a continuing responsibility of the Medical Department which will go on for many months in the future. It will increase rather than diminish during the remainder of 1945, according to the best estimates which can be made now. Therefore, as I have said before, medical care by the Army has yet to hit its full stride."



### THE BROWN SCHOOL

An exclusive year round school for children with educational and emotional difficulties. Under supervision of registered psychiatrist, resident physician, registered nurses, and technically trained teachers. Individual instructions in all academic subjects, speech, music, home economics, and arts and crafts. Separate units for different types of children. Farm and Ranch school for older boys. Private swimming pool. Fireproof buildings. View book and other information upon request.

BERT P. BROWN, DIRECTOR  
Box 177, San Marcos, Texas  
Box 3028, South Austin 3, Texas

## SURGICAL BRACES

*"Made as you prescribe"*

A prompt, courteous, efficient service.

One day delivery on Taylor Back Braces,  
Airplane Arm Braces, Cervical Braces.

Your inquiries will be appreciated. If  
necessary use phone or wire, my expense.

#### PHONES

Business  
5-2638

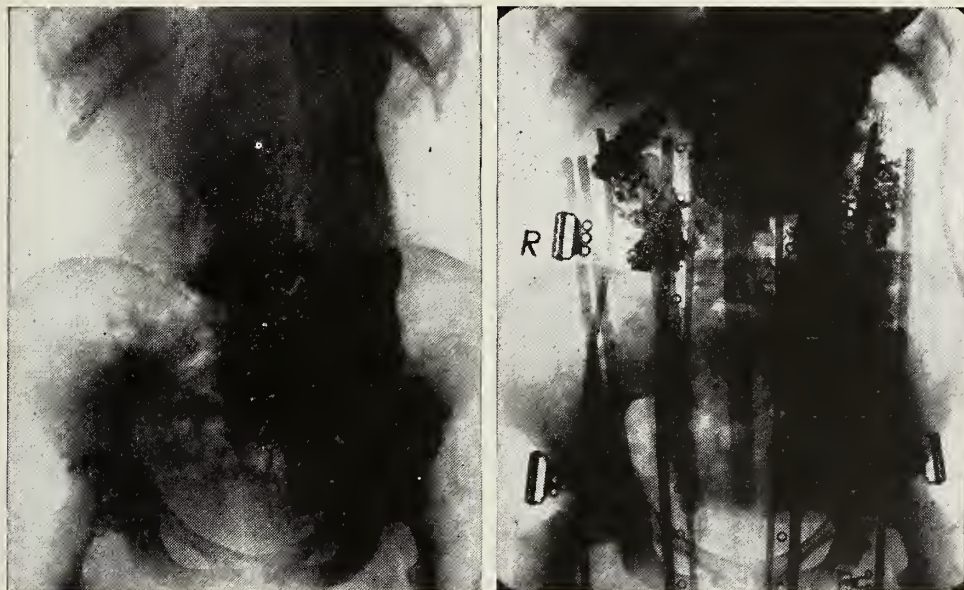
Residence  
3-6379

A. H. BOSWORTH

416 N. Water

WICHITA, KANSAS

**WHEN** digestive symptoms and general malaise are accompanied by marked downward displacement of the viscera, they are often relieved by ANATOMICAL SUPPORT.



*X-Ray of patient with visceroptosis. (Left) The lesser curvature of the stomach is below the crests of the ilia. (Right) X-Ray of same patient after application of Camp Support for visceroptosis indicating how the viscera is held in a more nearly normal position.*

## Visceroptosis Support – **CAMP**

The roentgenologist may or may not find disturbed conditions in the duodenum...the displaced viscera being the only finding.

For these patients, many physicians prescribe adequate rest, proper food at regular intervals, graduated exercises (especially for the patient with "visceroptotic habitus"), and a scientifically designed anatomical support. Numer-

ous reports show that this treatment results in the gradual disappearance of the digestive symptoms with improvement in general health and weight gains for the thin patient. In time the support may be discarded.

Camp Supports are also of assistance for postural defects that so frequently accompany the visceroptotic condition.



*Camp supports for visceroptosis are fitted and adjusted with the patient in the partial Trendelenburg position. Pads are frequently used under the direction of the physician.*

S.H. CAMP & COMPANY • Jackson, Mich. • *World's Largest Manufacturers of Scientific Supports*  
 Offices in NEW YORK • CHICAGO • WINDSOR, ONTARIO • LONDON, ENGLAND

### Procedure on Surplus Property Bids

The Department of Commerce, Office of Surplus Property, recently announced the procedures to be followed by its regional offices with respect to sales to non-profit educational institutions and hospitals which are exempted from the payment of Federal income taxes under Section 101 (6) of the Internal Revenue Code. These procedures will be effective until such time as the Surplus Property Board issues regulations calling for a different treatment of these groups.

Tax-exempt non-profit educational institutions and hospitals may negotiate purchases directly with the Office of Surplus Property, if the property involved is to be used to satisfy a legitimate need of the institution and the price offered represents the fair value of the property. However, before a purchase is effected, the property must have been offered to those buyers having priority in the purchase of such property under regulations of the Surplus Property Board.

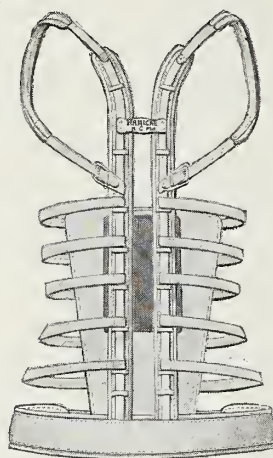
If property has been advertised for public sale by the bid method, hospitals and educational institutions can bid if they desire to do so. If the property is offered on a fixed-price basis, they can buy according to their usual practice.

### Public Health Group Elects

Dr. Fred Mayes, Topeka, was named president-elect of the Kansas Public Health association at a special ballot-counting meeting held in Wichita, May 22. Dr. Paul D. Haney, Lawrence, is now serving as president with the following in other offices: Dr. Oscar Harvey, Parsons, vice president; Evan Wright, Topeka, secretary; Edna Cheney, R.N., McCracken, treasurer; Dr. F. C. Beelman, Topeka, Dr. Clara Johns, Olathe, and Mary C. Bure, R.N., Kansas City, members of the executive council.

## Taylor-Type Back Brace

For  
Fracture of Vertebrae



P. W. HANICKE MFG. CO.  
1013 McGee Street  
KANSAS CITY, MISSOURI  
Telephone Victor 4750

BUY WAR BONDS

# S W O P E

## RADIOLOGICAL CLINIC

*Apparatus for our work includes the following:*

1. 440 K.V. (440,000 constant potential supervoltage) for treatment of the deepest malignancies, especially in large people.
2. 220 K.V. (220,000 conventional type) for respiratory and moderately deep tumors.
3. 130 K.V. (130,000 full wave) for fluoroscopy, radiography and skin therapy.
4. Radium, alone or as adjunct to any of the above.

We especially invite your counsel and cooperation  
when combination of surgical therapy is evident.

OPIE W. SWOPE, M.D., FACR, *Director*

Dial 3-3842

WICHITA, KANSAS

York Rite Bldg.

# *Pregnancy Needed Weight-Gain, and Proteins*

One of the tasks imposed upon the gravid organism is to produce new tissue to the extent of almost one-fifth of its own normal body weight.\* Unless protein supply in the diet is adequate, quantitatively as well as biologically, the hazard for the maternal organism increases and the development of the fetus may be impaired. The proteins of meat are of the right kind not only to lay down these new tissues, but also to provide for the stepped-up functions during pregnancy, for which proteins are essential.

\* "During pregnancy the average normal woman gains approximately 18-22 pounds, which represents the growth of the uterus, breasts and other organs as well as the fetus and placenta. In other words, a pregnant woman in nine months reproduces tissue almost equivalent to one-fifth of her own normal body weight. It must not be forgotten that the chief function of protein is to supply the tissue-building material of the body, that the need for this material is increased during pregnancy and that the protein deficiency in the diet of the nonpregnant woman may become dangerous when maternity intervenes. . . . It is reasonable to assume that protein foods satisfy appetite earlier than the others and make it content with fewer calories. In this respect we have found high protein diets of value for weight restriction during pregnancy." (Arnell, R. E.; Guerriero, W. F.; Goldman, D. W.; Huckleby, E., and Lutz, A. M.: PROTEIN MALNUTRITION IN PREGNANCY, New Orleans M. & S. J. 95:114 [Sept.] 1942).



The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

**A M E R I C A N   M E A T   I N S T I T U T E**  
MAIN OFFICE, CHICAGO...MEMBERS THROUGHOUT THE UNITED STATES

## AUXILIARY

### President's Message

It is with sincere regret that we report a fact of which, no doubt, you are all aware. But perhaps many of you have had your minds so filled with the everyday emergencies that you have not stopped to remember that there is no national convention of the Woman's Auxiliary to the American Medical Association this year.

This is a very serious handicap to all of us. It is from those meetings that the state presidents and delegates receive information, inspiration and enthusiasm to take back to their county auxiliaries. We also receive instructions and recommendations for programs and the work of the various departments, and this help has been denied us this year. However, the next issue of the National Bulletin will soon be received, and this will supply the need. I seriously trust that every member of the Kansas auxiliaries will subscribe to this publication and use it and study it diligently. After all, it is our text book. In it will be found outlined plans for programs and suggestions for the work of chairmen, to be passed on to the presidents and chairmen of the county organizations.

It is my desire that the county presidents continue the same procedure outlined by our retiring president:

1. Every county president place in the big (black) notebook the following:
2. Hand book (Instructions as an aid to state Auxiliary members).
3. State year book.
4. Annual report of state meeting.
5. Outline of plans, programs, and other activities of your auxiliary.
6. Clip Auxiliary page from the Journal of the Kansas Medical Society.
7. National Bulletin.
8. Sample copy of Hygeia.
9. Copy of president's instructions.
10. Clip and record all news of important legislation, proposed or enacted.

I trust that the newly elected presidents have received these notebooks in good order from their predecessors.

Please take note of the fact that the official year extends from the close of one annual meeting to the close of the next one. Dues are not paid from January to January. All dues paid after the annual meeting will be in payment of dues for the succeeding year. It is advisable to have a membership drive and collect dues in the fall when the first meeting is held. Membership cards have been issued by the national central office to the county secretaries. These are to be given to individual members when their dues are paid. This card entitles the member to membership privileges in any medical auxiliary in the nation. This is of particular value at this time when so many of our members are changing residence while their husbands are in service.

Please send all news of general interest and reports of meetings to the state chairman of press and publicity, Mrs. R. E. Pfuetz, 2200 Collins, Topeka, not later than the last day of each month and as much earlier as possible. These items will be published on the Auxiliary page in the Journal of the Kansas Medical Society. It would be most helpful to your organization and to the others in the

state if each county organization could send a brief but concise report of each meeting. We always profit from others' constructive programs and activities.

As I write this message the undercurrent of my thought is, "How many are going to read all of this, and what will their reaction be?" I wish that there was some way of knowing.

I will always gladly welcome helpful suggestions and criticisms. I am yours to serve, and I am eager to do all in my power for the betterment of our organization.

Most sincerely,

—MRS. HUGH A. HOPE.

### State President's Pin Received

The pin to be worn by the president of the Woman's Auxiliary to the Kansas Medical Society has been received by Mrs. Leo Schaefer, junior past president. It is a beautiful pin and will serve to remind each president, as she is privileged to wear it, of her responsibilities and obligation to the organization. The pin will be presented officially at a later date, perhaps at the fall board meeting.

### Auxiliary Meetings

Members of the Jackson County (Missouri) Auxiliary entertained a number of guests from the Kansas organization at a buffet luncheon held in the rose garden of Dr. and Mrs. Theissen, Kansas City, on June 1. Those attending from Kansas were the state president, Mrs. Hugh A. Hope; president elect, Mrs. H. L. Regier; retiring president, Mrs. Leo J. Schaefer, and the officers of the Wyandotte county group.

A short business meeting was held and the Kansans present were interested in the financial status of that county group, the treasury holding more money than the state organization in Kansas possesses. Their income is derived from a higher membership fee and one-half the advertising proceeds of their medical journal. They continue a program of varied activities, ranging from sponsorship of an essay contest to the selling of war bonds.

The meeting was closed with a musical program presented by a vocalist and a harpist and a review of the book, "Weeds Are Fun."

The state president, Mrs. Hugh A. Hope, made an official visit to the Central Kansas Auxiliary on June 12, at the request of the president of that group, Mrs. Otis True. The meeting was held in the nurses' headquarters at Walker Army Air Field with Mesdames J. H. Gamet, E. L. Schultz, H. L. Elliott, W. C. Parks, W. C. Wilkins and P. C. Couch as hostesses. After the business meeting there was a tour of the hospital, followed by a movie of air force tactics and a tea.

Members of the Auxiliary to the Central Kansas Medical Society were guests of the wives of medical officers stationed at Walker Air Field, Victoria, at the field, June 7. Mrs. Hugh A. Hope of Hunter, who recently took office as president of the state Auxiliary, was honor guest and speaker, outlining plans for the coming year. Mrs. L. D. Reynolds and Mrs. J. B. Carter reported on the state meeting held in May. The matter of raising state dues in order to send a delegate to the national meeting was discussed and rejected since members of the Central Kansas group thought the question should be decided by the state organization.

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

AUGUST, 1945

Number 8

## SCIATICA SECONDARY TO RETROPULSED INTERVERTEBRAL DISCS

Charles Rombold, M.D.

Wichita, Kansas

In this discussion of sciatic pain there is no claim of originality either in concept or procedure. The function of this paper is to emphasize the fact that "sciatica" has become a distinct clinical entity with identifying history, subjective complaints and objective findings, which are a result of definite pathology which is responsive to treatment.

The basis of this paper is 115 cases which at operation proved to be retropulsed intervertebral discs, which cases had clinical, laboratory, x-ray, operative and post operative records sufficiently adequate to prompt conclusions. Numerous operated cases with inadequate records have been excluded. Also excluded is that minority group of cases of "sciatica," invariably atypical, secondary to pathology other than retropulsed intervertebral discs such as heavy metal or infectious neuritis, inflammations, or neoplasms of the spine or pelvis, congenitally defective lumbo-sacral joints, intrapelvic pathology, etc. The history, subjective complaints, and the objective findings composing the clinical picture of "sciatica" to be presented are a composite of the findings of this group of 115 cases and are probably not the findings of any one case as each may vary somewhat in detail.

### HISTORY

A male (86 males, 29 females), laborer (57 manual laborers, 21 sedentary, 20 housewives, 17 farmers), age 39 years (68 years to 18 years), without complaint other than back and leg pain gave a history of a sudden onset (67 acute, 48 insidious and without trauma) of low back pain and a sensation of "giving away" seven years (14½ years to one month) previously while lifting and rotating with the spine in a flexed position. He extended his spine to the erect position with difficulty with relief of the severe pain after a few moments. Soreness and ache persisted in the same area several days but he was not disabled and after one week was symptomless. He sustained many similar attacks (80 repeated attacks, 35 constant, variable symptoms) usually precipitated

by similar strain, though occasionally without known strain or occasionally a result of minor trauma such as an unguarded motion, picking up from the floor a light object, etc. The attacks increased in frequency and severity though the pain was localized in the lumbo-sacral or sacro-iliac areas and describe as "lumbago" without radiation into either leg. The attacks were treated by medical doctors, osteopaths, chiropractors, Christian Scientists, and foot manipulators with about the same degree of success and the symptoms subsided in a few days or weeks regardless of the treatment. These frequent attacks of "being down in the back" prompted caution in function and the "weak back" was the basis of refusal of certain jobs, such as scooping, etc. Six and a half weeks (three years to one week) previous to the examination low back pain reappeared in the same location and of the same character following a strain. The attack followed the usual course until the third day when for the first (89 without previous leg pain, 26 with) time the pain radiated into the left leg (64 left, 51 right—no case bilateral). The low back pain decreased in severity (31 decreased, 18 did not decrease, 66 unnoted) with the appearance of the leg pain and became a minor complaint in comparison with the leg pain. The symptoms soon became disabling (Several cases entered the hospital by ambulance, many on crutches or by wheel chair.) and remained so without remission.

### PRESENT COMPLAINT

The location of the pain was in the low back in the midline (71 lumbo-sacral, 44 sacro-iliac) but most persistently and severely in the buttock posterior to the greater trochanter prompting the almost universal designation as the "hip." When the "hip" pain was described the patient would almost invariably plunge the finger tips into the buttock between the ischial spine and the greater trochanter and pressing deeply say "deep in there." Further localization was on the posterior lateral surface of the thigh, the calf

and very characteristically over the fibula about four inches proximal to the lateral malleolus. Infrequently the pain extended into the foot and was usually described as numbness and tingling. The pain never involved both legs simultaneously (14 had had notable previous attacks of pain in the opposite leg and several had fleeting attacks). The most persistent, severe, and characteristic pains were described as being "deep in the hip" and "just above the outer ankle bone." The location of the pain was always sharply defined and limited; the involved area was not vague or questionable in the patient's description.

The character of the pain as well as its location was significant. The back pain was a variable ache with sharp catches with certain motions which might become "paralyzing" and prevent completion of the motion, the patient freezing in the position of the onset of the sharp pain. The leg pain was described as a constant, dull, debilitating, demoralizing ache tolerated with difficulty from which there was no relief. A sharp, shooting, surging pain in the "hip," thigh, and leg was superimposed on the ache with movement of the spine, cough (85 with, 30 without), sneeze (87 with, 18 without), defecation strain (43 with, 72 unnoted or without), or neck flexion. This surging pain with strain was a very characteristic and constant description. The pain was sufficiently severe to require medication (non narcotics 80, also narcotics 28) and was sufficiently severe to prevent work (92 not working, 23 working).

The back pain was decreased by recumbency, as was the leg pain (89 decreased, 7 increased, 19 unaltered), but each was sharply increased by turning while recumbent. Turning in bed was a difficult maneuver, occasionally impossible, and accomplished with the aid of the hands supporting the pelvis or smaller tricks learned by experience. Following three or four hours of recumbency the leg pain became so severe it caused insomnia (74 insomnia, 41 without) which was relieved by a short period of walking or sitting. Arising from bed was difficult and at times required ten or fifteen minutes of trial and effort before standing was achieved, and an indefinite time before the patient could stand erectly. After moderate exercise the stiffness and soreness decreased somewhat. Sitting (increased 66, not increased 49) and standing (increased 64, not increased 51) for long periods markedly increased the pain in the leg and long periods of partial flexion were impossible and there were times when the patient was unable to wash his face because of the difficulty of standing partially flexed over the lavatory. Long car rides were impossible without frequent recesses when the patient would leave the car for a few moments standing and walking. At times the patient was unable to dress his feet or to pick an object from the floor without squatting.

Lifting was usually impossible though to carry after the spine was erect did not usually increase the pain.

#### EXAMINATION

The physical examination was limited to the back and legs as the only areas involved in the syndrome. On examination of the spine while sitting and standing there was a list (71 away, 2 toward 42 without) away from the painful leg, the anterior posterior curves were normal (65 normal, 50 with flattened lumbar lordosis), the posture was good, there was protection (62 protected, 53 not protected) while sitting by the hands to the table, while standing by the hands to the pelvis or by flexion of the knee and hip. Position change was arrhythmic (71 arrhythmic, 44 rhythmic), flexion of the spine was limited by pain in the back and leg and by spasm (72 limited, 43 unlimited), extension from flexion was rhythmic and without pain (61 rhythmic, 54 arrhythmic), extension was limited and painful (80 limited and painful, 35 unlimited and painless), active straight leg raising was limited and painful (96 limited and painful, 19 unlimited and painless). While lying prone there was tenderness in the lumbosacral area (65 tender, 50 not tender), there was not tenderness in the sacroiliac area (66 not tender, 49 tender), and there was no tenderness along the course of the sciatic nerve (81 not tender, 34 tender), there was no pain on rotation of the thighs (97 without pain, 18 with), and there was no pain on flexion of the knees (82 without, 33 with). While lying supine there was no complaint of pain on springing or compressing the iliac crests (98 without, 17 with) and no pain on pubic pressure; there was however a complaint of pain in the back and leg on passive straight leg raising "Laseque sign", (93 with, 22 without) usually also contra-lateral.

Neurologically there was a decreased acuity of the Achilles reflex (72 decreased, 43 not) and there was no decrease in the patellar reflex.

A simple means of measuring the variation in the acuity of Achilles reflexes when there is any question was utilized with the patient sitting squarely on the examining table his feet are placed with the heels on the edge of the seat of a straight-backed chair. The chair back then is tilted toward the patient and the chair is balanced on the two legs nearest the patient. This maneuver tenses the Achilles tendons. With the free hand supporting the chair back the Achilles tendons are percussed with the other. The activity of the reflex is thus multiplied by the chair which functions as a lever and even small variations between the reflexes of the two sides can be seen or felt.

The acuity of the sensation to cotton touch was decreased along the lateral surface of the calf and toes (71 decreased, 34 not; 40 in the lateral three toes, 26 in the medial two toes). There was a  $\frac{1}{4}$  inch atrophy of the

calf of the involved side (67 with atrophy, 48 without; varied from  $\frac{1}{4}$  inch to one inch). There was no muscular weakness (107 without, 8 with weak anterior tibial).

#### LABORATORY FINDINGS

Anterior posterior, lateral, and 45° angle views were made of all the cases. There were no constant findings and the x-rays of the spine were of no benefit in making the diagnosis. Narrow discs demonstrated in the lateral views were not consistently the one involved as demonstrated surgically. One queer finding not yet explained was the presence of a higher percentage of sacralized fifth lumbar vertebrae than is found in symptomless spines.

Intra spinal lipiodal injection was used routinely in this group of cases for localization after the diagnosis had been made and it was not used to make a diagnosis. It was always removed at operation. In two cases the presence of a retropulsed disc failed of demonstration by lipiodal but was proven surgically. In all of the other cases the disc was localized though the size or shape of the shadow had no consistent relationship to the pathology found at surgery. The spinograms demonstrated four lesions between the third and fourth lumbar, forty between the fourth and fifth lumbar and fifty-nine between the fifth lumbar and the first sacral vertebrae; 71 on the left and 58 on the right. There were seven multiple and fourteen bilateral lesions demonstrated.

With the experience gained from this series lipiodal has now been discarded as a routine procedure and is only used in the exceptional cases. Lipiodal has been discontinued because of the infrequent, but possibly the occasional case where it seemed to aggravate the pain. It is not felt that any case in this series was injured by lipiodal. It is believed that many cases of multiple lesions may be overlooked without routine lipiodal spinograms.

Spinal fluid studies were entirely negative except that the total protein was elevated in 73 of the series. In those cases with an increased total protein the average was 72 mg. and the range was from 45 to 150 mg. The duration or severity of the symptoms had no relation to the presence of an elevation of the protein though those cases demonstrating the greatest block in the spinograms demonstrated the higher readings.

#### OPERATION

Thru a posterior midline incision extending from sacral two to lumbar 3 the periosteum was reflected from the spinous processes and the laminae to the facets on the affected side and only to the laminae on the unaffected side. A portion of the adjacent spinous processes of the vertebrae whose disc was involved was removed to facilitate visualization. A notch one-quarter inch wide was removed from the

adjacent laminae and the ligament curetted from the entire area. The membranes and the root were retracted medially by a tonsil dissector and were constantly under surveillance. Cotton pledgets on the anterior surface of the spinal canal under each lamina above and below the disc produced a relative hemostasis while the protruding portion of the disc was removed and the unprotruding portion curetted out. In many cases the disc had not ruptured the ligament which required incision before the necrotic disc tissue could be removed. The spinal membranes were then drained of lipiodal and sutured. The greatest detriment to good surgery was the bleeding encountered on the anterior surface of the spinal canal. Almost invariably it was troublesome and often required frequent waits for hemostasis with packs in position. The operation occasionally produced some shock which was readily controlled by fluids or plasma except in one case.

#### PATHOLOGY

A nerve root stretched tautly over a firm, unyielding mass, was consistent and readily explained the symptoms and objective findings. The protruding mass was composed of necrotic disc material which had in about 65% of the cases ruptured thru the ligament and lay partially in the intervertebral space and partially within the spinal canal. In the remaining 35% of the cases the ligament had not yet ruptured but the protrusion of the disc under the ligament was very distinct and appeared as a small, rounded, whitish knob. Frequently in retracting the nerve root from the mass it would snap from the protrusion, showing the degree of pressure exerted against it.

#### POST OPERATIVE

The post operative course was consistently uneventful, the patients usually on regaining consciousness were gratefully surprised to be free of their leg ache, were allowed to move in bed at will without any support, to sit up in bed on the fourth day, in a chair and walking on the sixth day, and discharged from the hospital on the tenth day. Physiotherapy, exercises, etc., started in the office in the third week hastened recovery. Light work was resumed in the fourth week and any function permitted after six weeks.

The only frequent post operative complication was the retention of urine, particularly in the males, which necessitated catheterization in about 25% of the cases. There was one death in the series, a result of a post operative ileus. There was one infection whose temperature was elevated to 101° for several days and who is now draining slightly one year post operatively. There were four cases of post operative phlebitis. One occurred during the immobilization in a cast for a spinal fusion done at the same time

as the disc operation; one had multiple emboli with recovery; and two have persistent nondisabling discomfort from their phlebitis. One case developed a meningocele post operatively which was relieved of symptoms by reoperation and closure of the sac. One case drained spinal fluid thru his incision for one week when activity was started but promptly ceased after one week in bed with the foot of the bed elevated. One case, aged 62, became mentally depressed and unstable but completely cleared up in six weeks. One case, mentally unstable, was operated with the hope the relief of pain would aid to reestablish mental stability; the pain was relieved without mental benefit.

### RESULTS

The longest elapsed post operative period was six years, the shortest six months. A case was considered cured if there were no symptoms, or slight stiffness and soreness in the back, and mild transitory leg ache, expressed by the patients as "hardly worth mentioning." In the category of cures were 79 cases or 69% of the 115 operated. Twenty-nine or 25% of the cases were improved by the operation; 21 or 18% not disabled; 6 or 5% partially disabled; and 2 or 2% disabled. There were 7 or 6% unimproved by the procedure. Two or 2% had a recurrence of symptoms one year post operatively which was relieved by a second operation.

It is believed that those who were not cured or markedly relieved had multiple lesions which were not diagnosed or constructing scar developed about the nerve root in the operated area.

### CONCLUSIONS

It is concluded from the analysis of these 115 cases that:

1. The diagnosis of a retropulsed disc may be predicated if there is a COMPLAINT of a low back pain radiating into the buttock, posterior lateral

surfaces of one thigh and calf, which is aggravated by cough, sneeze, or defecation strain, which is accompanied by the PHYSICAL FINDINGS of a contralateral list of the spine, pain and spasm on motion, a positive Laseque sign, a decreased Achilles reflex, and decreased sensation on the lateral surface of the calf and in the foot.

2. The syndrome of a retropulsed intervertebral disc is so definite that any variation should be viewed with suspicion.

3. The surgical results of the treatment of retropulsed intervertebral discs are sufficiently good to recommend it as the treatment of persistent and severe symptoms, and the complications of the operation do not contraindicate it when it is indicated.

4. Lipiodal spinograms are not essential for the diagnosis and usually inessential for the localization of the retropulsed disc and will not be used in the future.

5. The mechanics of a retropulsed disc with the resultant symptoms and findings suggest the comparison of this condition with a "football knee." This mechanical concept explains finally the many patients' insistence "there is something out of place in my back" which we as medical doctors have so persistently disregarded because we were unable to visualize it.

6. Manipulative treatment, not mentioned in this paper but occasionally utilized, has in a small per cent of the cases proven alleviative but has not proven curative.

7. A pain in the distribution of the sciatic nerve resulting from pressure on a nerve root by a retropulsed intravertebral disc constitutes a distinct clinical entity with a typical history and physical findings, which responds satisfactorily and frequently dramatically to surgical treatment.

Wounded soldiers died at the rate of forty-eight out of every hundred during the Crimean war ninety years ago, a mortality rate of almost fifty per cent.

Today's mortality rate among the wounded is but three per cent, according to Brig. Gen. James Simmons, chief of the preventive division of the Army Surgeon General's Office, while in the first world war it was eight per cent.

Vastly improved hospital, nursing, and medical care are responsible for the marked decrease in the death rate, which went down even during the Crimean war following the introduction of modern hospital and nursing methods by Florence Nightingale, whose birthday anniversary May 12 is annually observed throughout the country as National Hospital Day.

The total number of nurses serving in the armed forces today has doubled over the number in the last war when 24,000 saw service as compared with more than 50,000 nurses in service today. During the Civil war only 3,214 nurses were in the armed forces.—California and Western Medicine.

The fourteen mistakes of life, Judge Rentoul told the Bartholomew Club, are: To expect to set up our own standard of right and wrong and expect everybody to conform to it. . . . To try to measure the enjoyment of others by our own. . . . To expect uniformity of opinion in this world. . . . To look for judgment and experience in youth. . . . To endeavor to mold all dispositions alike. . . . Not to yield in unimportant trifles. . . . To look for perfection in our own actions. . . . To worry ourselves and others about what cannot be remedied. . . . Not to alleviate if we can all that needs alleviation. . . . Not to make allowances for the weaknesses of others. . . . To consider anything impossible that we cannot ourselves perform. . . . To believe only what our finite minds can grasp. . . . To live as if the moment, the time, the day were so important that it would live forever. . . . To estimate people by some outside quality, for it is that within which makes the man.—The York Trade Compositor.

# MANIC DEPRESSIVE PSYCHOSIS, DEPRESSED PHASE (CASE REPORT)\*

Thomas L. Foster, M.D.\*\*

Halstead, Kansas

Manic depressive psychosis, depressed type, is one of the most common major psychoses encountered and with the present day methods of therapy, one of the most satisfactory to treat. Although there is a definite familial tendency toward this condition, no definite factors can be proven and environmental factors certainly are more important than hereditary. As a rule the onset is fairly acute and characterized by first a mild depression that gradually becomes more severe. As the patient becomes worse, slowness of thought and poverty of ideas develops. The patient may become very dull and apathetic, even to a stuporous state, or be extremely agitated. Memory becomes poor, attention difficult to attract or hold. If delusions and hallucinations are present, they are based on selfcondemnation. One of the oldest fundamentals in treating such a case is to move the patient to a new environment and separate him from the family.

It is fairly common to have a person caring for a relative with a depressive psychosis to develop the same symptoms but to have two additional members of the family do this at the same time is indeed unusual. All three patients made complete recovery on electro shock therapy.

## CASE HISTORY

Mr. K. A., age 49, married, farmer, was admitted to the Halstead Hospital on November 20, 1943. The patient was the third of five children, all in good health. The patient's mother died at age of 70, cause unknown. The only nervous difficulty in the family was the patient's father with whom the patient had always been very closely associated until the father's death five years previous. He had been an entirely serious individual all his life and during his entire adult life worried about "everything." According to the patient, if it rained his father was certain the crops would be ruined and two days later he would be worrying about the drouth. The father had a definite depression during his fifties that incapacitated him for two years. He recovered sufficiently to continue farming. At 68 he again became depressed and remained that way until his death from heart disease at 70.

Mr. K. A. had always been sociable, a good provider, well liked by friends and had always shown a good sense of humor but did have a tendency to

worry. There was no evidence of ill health until about four years before admission when he was examined by a local doctor who found a blood pressure of 200 and albumin and casts in the patient's urine. He apparently recovered from this.

About two years before admission he became definitely melancholic. Everything seemed to go wrong. He worried constantly about something: that his plowed fields were blowing away; that his crops would not grow; he was afraid his tractor would not start or that his combine would break down during harvest. He had difficulty in thinking, some indigestion and many ideas of unworthiness with a few ideas of distrust. This gradually became so bad that he was unable to get any work done. He was not suicidal. He realized he was mentally ill and shortly before admission he would not let anyone come to the house as he recognized that the other two members of the household were developing the same trouble and he was afraid all three would be taken to the State Hospital. During these two years the patient had lost 50 pounds in weight.

Examination on admission revealed a thin dull-looking slow moving man sitting in bed. Speech was slow and thought processes difficult. Insight fairly good. He was positive that he or the family would never get well. There were no hallucinations but definite ideas of unworthiness.

Blood pressure was 150/90, pulse 72, heart normal in size and rhythm, no murmur. Examination of his heart failed to reveal any organic disease but the EKG was interpreted as questionable coronary heart disease (Since the history was written, a brother, just older than the patient, died unexpectedly of coronary occlusion). Lungs normal, reflexes slightly increased, muscular system, sensations and cranial nerves negative. There was a slight secondary anemia. N.P.N. 39, 48, creatinine .87, urea N. 19. 86. Diagnosis: manic depressive psychosis, depressed phase.

Mrs. K. A., age 47. Patient was one of nine children. Father in good health at 78, likewise four brothers and two sisters. One brother died at age of 20 of heart disease and one at 19 of tuberculosis. Mother died at age of 50 of tuberculosis. The mother was described as nervous but never psychotic. The patient is described as a very well balanced sociable individual who enjoyed life a lot and took things as they came. Had never had any serious illness. After her husband became ill, patient managed the farm, did her housework and even did some field work.

\*Three members of family treated at the same time. Recovery.

\*\*Hertzler Clinic.

She realized that she was gradually becoming exhausted. Her only child, a 19-year-old daughter, had set the date for her wedding six weeks before admission. About three days before the wedding the patient decided she was not doing right in letting the girl get married. She decided her daughter wasn't prepared for marriage and it was all her fault. She bemoaned this constantly, began losing sleep, eating poorly and cried most of the time.

Physical examination at time of admission was essentially negative. She was completely depressed, talked in low faltering tones and blamed the entire family situation on her unintelligence. There were marked delusions of unworthiness and rather poor insight. Diagnosis: manic depressive psychosis, depressed phase.

Miss A, age 19. Had always been in good health. Development normal. She was an only child and had had more than the average amount of attention. Aside from this the history revealed no serious defects and considering the slight overindulgence, she had good personality traits. Since graduation from high school two years previous she had been at home with her parents.

About three days before the date planned for the wedding the patient became very despondent, cried a lot, ate and slept poorly, condemned herself for having ruined her fiance's life. She insisted that the entire family would never recover and that they should go to the State Hospital.

As she was apparently in better shape than the parents, she went to the home of an aunt when the parents came to the Halstead hospital. The following day, she and her aunt returned home for some clothing. At this time she became very upset. She thought someone had taken some of her things and that the two of them were being watched, so she was brought direct to the hospital the day after her parents arrived.

On admission she was found to have good insight; ideas of unworthiness were evident and psychotic activity was decreased. She blamed herself for the entire situation. Physical and laboratory examinations were negative. Diagnosis: manic depressive psychosis, depressed phase.

#### COURSE AND TREATMENT

Handling three melancholic members of the same family in the small psychiatric floor of a general hospital proved to be quite a problem. Occupational and recreational therapy was provided in the rooms. The daughter made rounds telling Mother and Daddy "goodnight" each evening. They were allowed short visits under supervision of a nurse, after each had been instructed as to the subjects of conversation.

Electro shock therapy was started immediately on the mother and daughter. The father's treatments were delayed a few days because of a possible coronary complication. Each made a fairly uneventful recovery. The mother and daughter were dismissed on the 22nd day after admission after five and six treatments respectively. The father had seven treatments and was dismissed on the 42nd day.

The entire family did well at home for three months at the end of which time the daughter was married. Shortly before the wedding the mother started "stewing" about her housework. After the wedding she relapsed into her former state, this time thinking she had done wrong in permitting the marriage. She returned to the hospital for 30 days and was given seven more treatments with complete recovery.

These three patients have been followed for 16 months. Each one has made an excellent recovery. We feel that these cases well demonstrate the "contagiousness" of melancholia among members of a family.

Indications are that this wholesome spirit of united action, strengthened now for the realization of wartime objectives, will be carried forward into the post-war period. If the United States is to stand forth among the nations of the world as a tower of economic and social strength in time of peace, industry's contributions to the health and wellbeing of the working people and the community in which they live must not be lessened; rather they must be increased. Groundwork being laid for VD education and control in industry is an important base for continued progress in this field—now and when large-scale demobilization begins.—Percy Shostac, in the *Journal of Social Hygiene*, February, 1945.

"Physical Fitness" may be defined as good health with a minimum of sickness, ability to recover rapidly from fatigue and exhaustion, ability to perform tasks efficiently, and the attainment of a rugged endurance. However, beyond the freedom from disease, physical fitness must be based upon an ideal which will demand that the individual

recognize the value of and seek physical fitness as a source of well-being—ability to accomplish and enjoy the fullness of life.—R. L. Sensenich, M.D., *Journal of the Indiana State Medical Association*.

The rheumatic fever rate will surely decrease substantially and effectively if a community can manage to provide better socio-economic conditions for its citizens through improved housing and an opportunity for more healthful outdoor activities; less crowding and an intelligent consciousness of good nutrition; good public health control of communicable disease, particularly streptococcal respiratory colds and sore throats, with facilities for careful examination of children suspected of having rheumatic fever. This has been accomplished to a great degree in the case of tuberculosis control, and a more thorough application of these principles will reduce further the tuberculosis rate as well as the rheumatic fever rate.—Hugh McCulloch, M.D., *Minnesota Medicine*, December, 1944.

# THE MEDICAL BOARD AND ITS RESPONSIBILITY TO THE PUBLIC\*

J. F. Hassig, M.D.

Secretary, Kansas State Board of Medical Registration and Examination

Kansas City, Kansas

This is a most opportune time in which to express my appreciation of the honor you have conferred on me by electing me to the highest office within the power of the Federation. I assure you I have felt the honor and also the responsibility that goes with such a high office. However, in this case, I must confess the responsibility has not been oppressive in the least, because of the efficiency and executive ability of our very able secretary, Dr. Bierring, who has carried the burden through these twelve months. His is the motor power that has driven the Federation to the peak of efficiency, and as such I wish to express my appreciation of him and his accomplishments.

In choosing the subject on which to address you, I want to say my experiences have been limited to my service on the Kansas Board, and while our state is not so densely populated as the states from which some of you hail, the problems are the same as yours, only perhaps not so numerous, but nevertheless, as important when they arise and require practically the same procedure in disposing of them.

Now the fact that the legislature and courts of our state recognize the medical board as the medium through which the welfare of the public is safeguarded is evidence of the confidence reposed in that board. And not only the legislature and courts have been friendly, but governors and attorney generals as well have stood with the medical board and the profession at large when important issues have been at stake.

In the early days of my state the territorial legislature indicated the confidence of the people in the medical profession, the first proof being the act in 1859 chartering the Kansas Medical Society and the confirmation of that corporate charter by legislature, and to-day that is the oldest active corporation in the state. The Kansas Medical Society has ever fulfilled the ideals of the medical profession and fully earned the confidence reposed in it 85 years ago.

Prior to 1901 the medical laws of our state were not very well defined and the profession recognizing the need of stricter medical supervision set about writing a law to be adopted and become a part of the Kansas Statutes relating to the practice of medicine and surgery. Our present Medical Practice Act was fathered by State Representative, the late Dr. Henry O'Donnell of Ellsworth and passed by the legislature in 1901. Sixty days after the passage of

the bill the governor, by and with the consent of the senate, appointed the first medical board of registration and examination, which, may I add, has always been a non-partisan board.

While our present law is not a model in all respects, it is a good one and has been upheld in the courts in every case, as far as I have been able to learn. Someone has said that no law is worth a d..... until it has been tested in the courts at least three times. Ours has stood every test for 44 years. We think it is good, but believe it could be improved with some amendments.

One of the earliest cases to come before our Supreme Court was "Meffert versus Kansas", 66 Kansas 710, 195 U. S. 625. In this case the court expressly recognized that the entire sphere of the healing arts was included only in the right to practice medicine and surgery, and that the legislature could from time to time permit others to practice those parts which require no professional skill, such as rubbing and manipulations as done by the cultists. But the granting of such restricted practice did not lessen the scope of the medical profession. Through the State of Kansas the Supreme Court has ruled against the osteopaths three times—first in 1925, *State ex rel versus Eustace*, 117 Kansas 746; next in 1938, *State ex rel versus Gleason*, 148 Kansas 193; stating that they are not legally qualified, under the Medical Practice Act to administer drugs as a remedial aid or do surgery with instruments.

Attorney General Clarence V. Beck ruled in 1938 that osteopaths did not have the right to use narcotic drugs, and the United States Narcotic Bureau acted on the Attorney General's ruling, and refused to issue narcotic permits to them. The case was carried to the United States Court of Appeals, 10th District, *State Board of Osteopathy versus Burke*, 111 Federal 2nd 250, and the ruling of our attorney general was upheld.

So through the years, the medical boards have stood as a bulwark against the encroachment of quacks, charlatans and cultists upon a trusting public. Whenever a complaint of violation of our medical practice act has come to our attention, we have not hesitated to do our duty as we recognize it, and be the violator a quack, charlatan, cultist, or doctor of medicine, no discriminations have been made.

All our effort and desire have been to protect the public against such practices wherein it is betrayed by these violators, and we have traveled through sum-

\*Presidential address read before the Federation of State Medical Boards of the United States, Chicago, Illinois, February 12, 1945.

mer's heat and winter's cold, over hazardous roads, through many dark hours, and at the sacrifice of our private practice, with no thought of personal gain—only that we should do our duty in upholding the laws of our state, as we are sworn to do, and thereby rendering a service to the welfare of our people.

A few years back, perhaps you will remember, our Kansas Board brought revocation proceedings against one Dr. John R. Brinkley, the celebrated goat gland quack and rejuvenation specialist, which required about three weeks of the board's time to hear the evidence, after which his license was revoked. Brinkley appealed to the courts and this required five years more before the case, in United States Court of Appeals, 10th District, Brinkley versus Hassig, 83 Federal 2nd 251, was finally disposed of, upholding the action of the board.

It might be of interest at this time to give you a short recital of some of his major activities in Kansas through which he became famous, infamous and rich. Dr. Brinkley obtained his medical license in Kansas through reciprocity with Arkansas in June, 1916, and in October, 1917 located in Milford, Geary County. Shortly thereafter, he started his hospital in a frame dwelling, which he soon enlarged to accommodate his growing practice. A few years later he built a large, new, fireproof hospital; there he installed a powerful radio which he owned and operated and from which he made daily broadcasts. He instituted a quiz hour, where he read letters received from people describing their ailments and he diagnosed and prescribed for them over the radio. He gave prescriptions by number which had to be compounded by certain druggists who were members of the Brinkley Pharmaceutical Association and who were located in the vicinity in which the patient lived. The druggists paid Brinkley a commission on these prescriptions.

Brinkley's most important and widely advertised operation was his "compound operation" for the alleged curing of disease of the prostate gland, high blood pressure, impotency, sterility, some types of diabetes, neurasthenia, epilepsy and dementia praecox.

Our board on invitation from Brinkley through his attorneys, had the very novel experience of witnessing two of these fantastic operations. The operation was done under local anesthesia and consisted of a bilateral partial resection of the vas, and the transplanting of goat testes into the aerolar tissue between the patient's testes and epididymi. The wound was closed without drainage.

Of course, Brinkley's operations did not harm or affect the medical profession, but he was a menace to an innocent and gullible public, not only to the people of Kansas, but to his radio audience throughout North America, and nobody can say how far

reaching that menace really was. People flocked to his hospital at Milford from north, south, east and west to be relieved of their seven hundred and fifty dollars, "cash on the barrel head", and their hope of rejuvenation. He was the most successful quack of all times, from a financial standpoint, reputedly amassing a fortune in the millions.

We are not vainglorious over the work we did at that time, but we did feel a certain satisfaction in the fact that we performed a public service in removing this menace from his field of operation in Kansas. However, the public at that time did not appreciate the efforts of the Board and many uncomplimentary things were said about it. It was called a closed corporation, a combine or trust of some kind, and Brinkley was almost elected governor by his sympathizers on an independent ticket, where his name had to be written in because he had failed to file for the office in time to have his name printed on the ballot. And at that time he was living and operating a hospital in the great State of Texas. Public sentiment has changed since that time and the people praise now, instead of condemning us for our enforcement of the law.

The Kansas Statutes for the practice of medicine and surgery provide that it shall be the duty of the Secretary of the board of medical registration and examination to see that the penalties for practicing medicine and surgery without a license shall be enforced.

Then some years ago the legislature reposed further confidence in the law enforcement of the medical board by an act establishing the right of injunction, or quo warranto, in instances of the unlawful practice of medicine, and I quote—"An action in injunction or quo warranto may be brought and maintained in the name of the state of Kansas to enjoin or oust from the unlawful practice of medicine and surgery, as defined by the law of Kansas, any person who shall practice medicine or surgery without being duly licensed therefor".

Now the granting and enforcing of an injunction or quo warranto to prevent the unlawful practice of medicine and surgery is a preventive measure and not a punitive measure, and the cases are always tried before the judge of a district court, and not by a jury which is sometimes unqualified to interpret the law.

In order to secure a writ of injunction the board must show evidence that the defendant is diagnosing and prescribing drugs recognized by the *Materia Medica*, other than home remedies, or otherwise practicing medicine and surgery and that he has accepted remuneration for his services. In every case filed so far, we have been successful in securing an injunction. In a number of cases where we thought we had obtained sufficient evidence to secure a con-

viction, the violator has been called before the county attorney, who explained the injunction act to him whereupon the accused has "folded his tents like the Arabs, and as silently stolen away".

In all quo warranto cases where the defendant has appealed to the Supreme Court, that tribunal has sustained the decision of the district court. The penalty for violating an injunction, as you know, is whatever action the court chooses to take on the basis of contempt of court. In one case where the defendant had violated the injunction order he was brought into court and the district judge fined him one hundred dollars, and sentenced him to thirty days in the county jail, *Kansas State ex rel versus Martin*, 155 Kansas 801. Our law also endows us with the power to revoke the license of a doctor for felony, gross immorality, or addiction to the liquor or drug habit, to such a degree as to render him unfit to practice medicine or surgery.

These may not appear to be many significant causes for the revocation of a license, but if you will take the trouble to look up court cases, you will find that "gross immorality", like the cloak of charity, covers a multitude of sins.

We have the authority to employ investigators to secure all available evidence against violators of the medical practice act whenever complaints are filed. We are also permitted to employ an attorney by the year who advises us on all legal affairs and questions, and handles all our court cases. It has been our good fortune to have employed the ablest attorneys and they have never lost a case for us.

Of course, first and paramount among our duties as medical boards, is that of examination of applicants for licensure.

In our state the applicant must be a citizen of the United States, he must be a high school graduate, have had at least two years in a college of liberal arts, and must be a graduate of an approved medical college. When our board is fully satisfied he has met all the requirements, he is permitted to take the examination. Having satisfactorily passed the examination in the various subjects, he is entitled to a license to practice medicine and surgery in the state.

Graduates of foreign medical schools may be licensed only by examination upon the presentation of satisfactory credentials. And in order to permit investigation to ascertain if such school is a reputable medical college, as defined by our law, he shall file with the secretary one full year preceding the examination. Citizenship is a prerequisite.

During the interval between board meetings, if an applicant applies for a license, either by examination, reciprocity, or endorsement, and his credentials are satisfactory, the secretary of the board may, at his

discretion, issue a temporary permit to practice medicine and surgery in the state, effective until the next regular meeting of the board, at which time the application will be acted upon. Only one temporary permit may be issued to any one person. This is an excellent provision, both for the applicant and for the community in which he intends to locate. For the doctor because it permits him to begin his practice at once, and for the community because it will have the immediate benefit of the services of a qualified doctor of medicine. So far, the board has approved of every applicant for license for whom a temporary permit has been issued.

Since 1935 Kansas has required that every doctor of medicine licensed in the state shall pay an annual registration fee of one dollar. We thoroughly approve of this law, for the first year it culled out forty-two practitioners of medicine who had never been licensed, and it keeps them and all such aspirants culled out, thereby performing a public service by removing such imposters from their field of action.

We should like to say a word here in regard to the Basic Science Law. We believe it is a good law because of its protection to the public and also because it raises the standards of the healing arts in general. We have a very good Basic Science Law in our state, but the Basic Science Board does not operate because someone, during the closing hours of the legislature, slipped a joker into the bill which, when passed, exempted from examination all persons engaged in the healing arts. However, we are hopeful the legislature will in the near future, see fit to strike out the joker, which would permit the Basic Science Board to function in the capacity for which it was created.

As previously stated, our experience has been limited to our service on the Kansas Board, and we do not presume to think we have accomplished more than other medical boards. Our endeavor has been simply to tell you what we have done by way of enactment and enforcement of our medical practice act.

The medical boards in every state are the instruments of the medical profession because of the powers vested in them. We do not know what will be their future, and your guess is as good as ours. We only know that whatever circumstances or conditions arise we shall continue to function to the best of our ability and meet the situation head on.

Time does not stand still, neither does science nor do individuals. If we do not advance, we regress. We must march with the procession or be left behind. So it is with the state medical boards. They will be found in the vanguard, never in the rear guard, of the army for the defense of the public welfare in our states.

In conclusion, I should like to say that medical

boards should be possessed of certain requirements. They should be men of ability who are among the leaders in their communities, both in medical and civic affairs; honest with themselves, and their fellow-

men; unselfish as to personal gain; diplomatic and tactful when diplomacy and tact are needed; fearless when duty and circumstances call, tireless in giving and doing their best, and non-partisan.

## TUBERCULOSIS CONTROL

### TUBERCULOSIS IN ELDERLY PEOPLE

The importance of tuberculosis in elderly people, especially pulmonary tuberculosis, has been generally underestimated. One reason for this is that few of us have any conception of the number of older people among us. There are in the United States nearly four thousand persons over 100 years old; over 87 thousand who are past 90; more than one million who are over 80; more than five million over 70; and 13.5 million over 60. These, with 13 million in their fifties, make a total of over 26.5 million persons over 50, more than 20 per cent of the whole population.

The U. S. Census figures for 1870 showed only about 11 per cent of the population over 50 at that time. A reduction in mortality from infectious disease, increased application of sanitary science, better housing and nutrition are all contributing to the longer life of the present day. How permanent the present large percentage of older people in the population will be, we cannot tell. Continued wars followed by widespread epidemics, may again reduce life expectancy to that of the middle ages.

Now, however, when about one fifth of our population is elderly, it is important that we know how much of it harbors tuberculosis, and how much of a menace to the community this represents. Is tuberculosis in the later decades of life increasing?

Figures from the U. S. Census Bureau show that the mortality rates from tuberculosis in the United States in 1940 were much higher in the later decades of life than among young people. The highest rate in 1940 at any age period, that of males between 55 and 65, was 110 per 100,000. In 1900 the highest rate for males, 362 per 100,000, was in the age period, 35 to 39.

The death rate from tuberculosis is still relatively high in persons over 50, and since this group forms about 20 per cent of the population, there are many elderly tuberculous persons in the country. Using the very conservative factor of five active cases for every death, the active cases, many of which are

spreading infection, may be estimated as at least 100,000. Not all of these cases are in sanatoria.

#### PATHOLOGY

There has been a great deal of controversy regarding the seriousness of tuberculosis in old people. Some have considered it relatively benign, while others have thought it rapidly progressive. In one report of a series of 142 cases over 55 years of age admitted to a sanatorium, many of the patients had active tuberculosis with positive sputum for periods of from 10 to 40 years. The number of tubercle bacilli eliminated by sputum-positive cases which remain positive for periods as long as 10, 20, 30 or 40 years, can only be faintly realized or comprehended, in this respect being comparable only to national expenditures for war and other purposes.

The patients in sanatoria are for the most part those with active or progressive lesions. Probably a large proportion of the fibrotic cases with few symptoms are at home. This circumstance makes it difficult to determine the typical characteristics of pulmonary tuberculosis as it affects elderly people.

Aging tissues are said to be less susceptible to inflammatory processes than growing ones, and tend to develop fibrous change. Obliteration of lymphatic channels and involutional changes take place which may render the body resistant to the spread of tuberculosis. On the other hand there is probably concomitant atrophy, decalcification and dehydration. A few individuals may reach old age without previous infection and develop primary tuberculosis, not always distinguishable clinically from reinfection tuberculosis.

Many elderly persons who have definitely recognizable tuberculous lesions with positive sputum have become somewhat immune to the toxic effects of their disease, and make up a highly infectious class. In this group are included the so-called "good chronics" with positive sputum who do not consider themselves ill. Some of them care for young children or are otherwise in close contact with susceptible persons.

The course of events in any individual case is dependent not only on exposure to fresh infection or on the reactivation of old quiescent foci, but also on the endowment of the individual with more or less resistant tissues. Although tuberculosis may only become manifest and troublesome in later life, its origin usually is to be sought in an earlier period.

## DIFFERENTIAL DIAGNOSIS

While tuberculosis is relatively common in later life, its detection is frequently difficult. Diseases likely to cause confusion are frequently met. Included among them are cancer, cardiovascular disease, chronic bronchitis, emphysema, bronchiectasis, asthma and silicosis. If the sputum does not contain tubercle bacilli, the differentiation becomes increasingly difficult. Cough, weakness, loss of weight, hemoptysis and other symptoms found in tuberculosis may be present in other conditions with consequent difficulty in differential diagnosis.

Many cases of tuberculosis in older people are not detected because few of them have had chest x-rays. Most of the surveys have been among children and young people who are much more easily persuaded to cooperate. It has been difficult to secure the consent of older people for examination. They pay less attention than young people to declining health, which they feel is to some extent inevitable. Their tired feeling they consider a normal accompaniment of old age. They do not like to change their environment and are fearful lest there may have to be radical alterations in their way of living. Inertia and dread of loss of security make them hesitate.

Methods of search for unsuspected cases of tuberculosis, however, are changing. The x-ray, our most valuable resource for this purpose, is being used more freely since it is becoming less expensive. An x-ray of the chest will soon be part of the routine

---

Poverty or the fear of poverty, more than any other single factor, changes the tides of battle in favor of the tubercle bacillus in the individual or in the family. Poverty engenders crowding, ignorance, nutritional deficiencies, and medical neglect; all of which create a favorable soil for the tubercle bacillus. The result is that benign infections become malignant, closed or sputum negative cases become open or sputum positive cases, the spread of germs becomes constant and massive, and cases multiply.—Robert E. Plunkett, M.D., Conn. State Med. Jour., Jan., 1944.

---

Only rarely does a member of the intimate family of a tuberculosis patient have a negative tuberculin test. J. B. Bohorofoush, M.D., and Pauline Michael, M.D., *American Review of Tuberculosis*.

---

Tuberculosis already appears on the increase in the warring nations in the second world conflict. No single cause is apparent. All the factors concerned in the other world war again operate. Malnutrition is known to be serious in certain countries.—Esmond R. Long, M.D., *Amer. Rev. of Tuber.*

---

Words of Louis Pasteur can well be re-read in terms of today. Wrote Pasteur during the latter part of the Nineteenth Century:

Two contrary laws seem to be wrestling with each other nowadays; the one, a law of blood and of death,

examination of all patients seen by physicians in their offices, just as it is now becoming a part of up-to-date clinic practice.

## TREATMENT

The treatment of tuberculosis in old people is in many respects the same as it is for those in early life. Rest of the inflamed area is the keynote and will probably be necessary even if some day some form of chemotherapy is found. Certain difficulties in the rest treatment of elderly patients are apparent. Complete immobilization is not well borne by the aged and mechanical measures to secure lung rest are less applicable for them. Symptomatic treatment and good nursing may bring good results where mechanical adjuncts to bed rest are not advisable. Exceptional cases will doubtless have to remain at home. The physician should, however, not accede to such a plan without a full realization of the risks involved, and the possibility of infecting an entire family and a new generation.

The entire population needs and deserves good medical supervision. Persons with arrested tuberculosis, in order that they may be kept from reactivating their lesions and becoming spreaders of tubercle bacilli need more than the average medical attention. Older persons in this category will require as much consideration and follow-up as younger patients.—*Tuberculosis in Elderly People*, A. T. Laird, M.D., *The Journal-Lancet*, June, 1944.

---

ever imagining new means of destruction and forcing nations to be constantly ready for the battlefield — the other, a law of peace, work and health, ever evolving new means of delivering man from the sources which beset him.

The one seeks violent conquests; the other, the relief of humanity. The latter places one human life above any victory; while the former would sacrifice hundreds of thousands of live to the ambition of one. The law of which we are the instruments seeks, even in the midst of carnage, to cure the sanguinary ills of the law of war; the treatment inspired by your antiseptic methods may preserve thousands of soldiers. Which of these two laws will ultimately prevail, God alone knows. But we may assert that science will have tried, by obeying the law of humanity, to extend the frontiers of life.—Bulletin of the National Tuberculosis Association.

---

A simple test for determining who needs vitamins and who is already getting enough of them was announced by Dr. V. A. Najjar and Dr. L. Emmett Holt, Jr., of Johns Hopkins University, at the meeting of the Federation of American Societies for Experimental Biology. The test is made after a twelve-hour overnight fast.

If, during the thirteenth hour, the person tested is still excreting vitamins via the kidneys, he probably has a good surplus and does not need any more than his diet has been furnishing. If he is not excreting them thirteen hours after dinner, he probably needs to take more vitamins. The test so far has been limited to three of the B vitamins—thiamin, riboflavin and nicotinic acid.—*Science News Letter*

## PRESIDENT'S PAGE

*To the Members of The Kansas Medical Society:*

At the Council meeting of July 22 the Kansas Physicians Service reported the election of its board of directors, which received complete approval. It has completed all arrangements with the State Insurance Department and will be operating within a very short time.

Your president was directed by the Council to appoint a committee which will draft a panel greatly broadened in scope from that already outlined by the Kansas Physicians Service. There will be a national meeting of representatives of state medical societies this fall and this material will be presented to it. The meeting is an outgrowth of the Denver meeting of several states which was discussed in the last President's Page. It is anticipated that the number of states represented will be greatly augmented in number at the time of the fall meeting.

There was also a meeting of the Postgraduate Committee. Arrangements have been made so that this Committee may function immediately and any member of Kansas medicine who has returned from the service and who is desirous of taking postgraduate work may contact Dr. Jones of Winfield. Arrangements will then be made for him to take this work as soon as he is ready to do so.

Your president and the Council sincerely hope that it will not be necessary to call any more Council meetings until the weather moderates. This is based on personal experience.

Sincerely yours,



W. Allen Sawyer, M.D.  
President

## EDITORIALS

### German Measles and Congenital Defects

The June issue of the Journal of the Kansas Medical Society refers to an observation made and published by an Australian physician relative to congenital malformations traceable to German measles which had occurred previously in the early trimester of the mother's pregnancy. The editor suggests that Kansas physicians, through their proper committees, make a survey of the subject in our state.

Having had occasion to confront the problem in an abrupt manner, I shall accept the invitation. The Australian was so thoroughly convinced that he felt interruption of pregnancy justifiable when German measles inflicted itself on a prospective mother. No attempt will be made in this article to outline treatment except to suggest that the tragedy is so real and so serious that it deserves earnest consideration by all of us. Every possible effort to prevent the disease should be resorted to, and when it does occur, convalescent serum would be a proper gesture.

My attention was first called to this matter by Dr. Earl Padfield who had read the original article. I was not properly impressed and laughed at Pad because of his apprehension, but soon I had to apologize to him.

Case 1: June 17, 1944. A woman age 22, height 65 inches, weight 125 pounds. Blood pressure 110 over 70. First pregnancy. Last menstrual period January 21. Estimated date of confinement October 29, 1944. Had all communicable diseases during childhood except German measles which had occurred in March, the second month of her pregnancy (No importance given to that statement). Prenatal period was free from complications. Spontaneous delivery November 19 after twelve hours of labor. No laceration. No hemorrhage. A live, vigorous, boy breathed immediately. Weight seven pounds. No irregularity had been observed and I did not make any careful examination of the baby. Mother and baby left hospital on tenth day.

December 12, 1944, the mother called our office for appointment because the baby's right eye did not appear normal to her and occasionally had a blue color. On examination I found a cataract of the right eye and a large, regurgitating heart. Weight still seven pounds.

June 29, 1945, I have had an opportunity to observe this baby closely. He now weighs fourteen pounds. Color is improved. Heart partly compensated. His future is uncertain. There seems to be no other impairment but I am not certain. Possibly there is, or will be, mental deficiency. It has not

been decided about attempting operative treatment of the eye.

If so startling influences are meted out by German measles, what of other congenital impairments and other contagious diseases? May I now as president of the Kansas Society of Obstetrics and Gynecology request every physician in the state to recheck the history of every pregnant woman in his files, select the ones who have had any communicable diseases during pregnancy, and those of all babies who have any type of congenital impairment. As soon as the records have been examined, mail the report to Dr. R. E. Pfuetze, National Reserve Building, Topeka, Kansas, chairman of the Maternal Welfare Committee, and to Dr. Earl Padfield, Suite 408 Farmers Union Building, Salina, Kansas, chairman of the Child Welfare Committee. I would further suggest that after the committee's review of the material, their conclusions be sent to Dr. Ray West who is chairman of the Scientific Committee of the Society of Obstetrics and Gynecology. Then a combined discussion can be presented at our next annual meeting. The committees will then have an opportunity to study all of our cases and can report their conclusions to our next annual meeting.—*Porter Brown, M.D., President, Kansas Society of Obstetrics and Gynecology.*

### Committees for 1945-1946

Society activities revolve around its committees. Progress is recorded on the basis of work that committees have performed. Each president, recognizing this responsibility, approaches his committee appointments with a great deal of care and considerable apprehension. On Page VIII of this issue are listed the chairmen and committee members appointed to serve for the coming year.

Dr. W. P. Callahan thoroughly surveyed the state before announcing the members he has asked to serve on committees. In most instances, for no reason except that the president believes these responsibilities should be rotated, new chairmen have been appointed. Where a last year's chairman remains, it is generally because a project has been started but not completed. In a very few instances members have been appointed to more than one committee, but never unless a definite reason appeared to make his presence of unusual value. A few committees have been omitted this year because the president is of the opinion that their work has been completed. Should there be further need for their services, they will of course be appointed at a later date.

The Public Policy committee is not named, primarily because appointments have not been completed. This will consist of a large group of doctors

who will be asked to carry into the various communities of Kansas the work that will be done by the Kansas Medical Society during the coming year under the title of Public Relations. A wide variety of activities, some of them new to the medical society, will be sponsored by this committee.

Committee work is important not only to the members serving but also to all members of the society. You are welcome to attend the meetings of any or all committees. Suggestions will always be gratefully received and may be forwarded to the executive office or to the committee chairmen.

### Munns Released from Army

Clarence G. Munns, who resigned his position as executive secretary of the Kansas Medical Society three years ago to enter the service, will receive a discharge in about thirty days. He plans to live in Topeka and enter business which, by the way, will once again afford doctors of Kansas the pleasure of visiting with him at frequent intervals.

Major Munns enlisted in the service during the first year of the war and was assigned to the Air Surgeon General's office, where his diplomacy and understanding gained him rapid advancement and wide recognition among medical officers. This was no surprise to Kansas doctors who had watched him with admiration for eight years while he served the Kansas Medical Society as its first executive secretary.

Now he will return to Kansas. He wants his own business, a business which will bring him in contact once more with the men he has learned to admire above all others, with the doctors in his own home state.

But we don't want to spoil the story for Clarence. He will tell you the details in the near future. So for now, congratulations on the completion of another hard assignment, our heartiest best wishes for your success in the new venture, and, by all means, welcome home.

### Poliomyelitis Cases Increase

A 50 per cent increase in the number of cases of poliomyelitis in the country is found in a recapitulation of figures made public recently by the National Foundation for Infantile Paralysis in a comparison of this year's cases with those of 1944. As of mid-May the number of new cases this year totaled 642, while 424 cases were reported for the same period last year.

Sharp increases have been reported in the New England states, Middle Atlantic states, South Atlantic area, and the East South Central states. The Pacific Coast and West South Central areas, hard hit during the past two years, show a noticeable drop in the number of new cases, and the remainder of the country is running about the same as last year.

### Cadet Nurse Corps

A drive for new recruits for the United States Cadet Nurse Corps is now being conducted throughout the nation to fill classes for the course beginning this fall, and Kansas physicians are urged to encourage all eligible young women to enroll. Local recruiting is conducted under the leadership of Sarah Zeller, R. N., Kinsley, Kansas.

Surgeon General Thomas Parran of the United States Public Health Service reviewed the accomplishments of the corps before the House Committee on Military Affairs in April, and his testimony gives official approval to the program, which he calls "probably the most successful recruitment effort of the war".

During the first year the number of graduates was relatively small, totalling 1,206. During the current fiscal year this number will be increased to 9,165. In following years there will be sharp increases in graduates, totaling over 25,000 in 1945-1946 and 35,000 in 1946-47.

The Cadet Nurse Corps was organized for students who pledge to "engage in essential nursing, military or civilian, for the duration of the war." Despite the fact that military duty is not required of the graduates, 40 per cent of the graduates during the first eighteen months of the existence of the corps have applied for military service. This is a much greater proportion than exists in graduates who are not in the corps. During the last year approximately 29,000 nurses graduated from all schools. Had 40 per cent of these entered the armed services, the full army quota of 10,000 additional nurses required by the Army in 1944 would have been exceeded. (The number of cadet nurses enlisting for military service has now increased to 60 per cent.)

The Cadet Nurse Corps is accomplishing important results in civilian nursing, not merely by providing badly needed nursing care but also by replacing and releasing graduate nurses. It is estimated that students in nursing schools are now giving 80 per cent of nursing care in their affiliated hospitals. The recruitment program of the United States Cadet Nurse Corps has contributed immeasurably toward preventing a collapse of nursing care in civilian hospitals.

### Orthopedic Footwear Clinic

An orthopedic clinic has been opened at the Boston Quartermaster Depot to supply scientifically designed lasts for shoes that will be built for soldiers who have suffered foot injuries in line of duty. Details of the clinic were worked out jointly by the Office of the Surgeon General and the Office of the Quartermaster General. Major Saul S. Steinbergh, orthopedic surgeon, has been assigned to the clinic.

A recent check of general and regional hospitals showed that about a thousand patients are in need of special footwear, and many of these will require orthopedic shoes as long as they live.

Requirements from which the special shoe lasts must be made are very exacting. A newly invented cast making machine, which assures a scientifically accurate mold, has been installed at the clinic and courses are now being given in its operation. Attending these courses are enlisted orthopedic mechanics from ten hospitals where similar machines will be installed.

Lasts for orthopedic shoes will not be made until foot injuries have healed sufficiently so measurements will not change. The patient will then be sent to have a cast made at the nearest hospital which has a casting machine, and measurements can be completed there within an hour. After the patient is discharged from the Army, his special shoe last will be available for future use.

## KANSAS PHYSICIANS' SERVICE

Kansas Physicians' Service is rapidly becoming a reality. The countless hours of planning are nearing an end as this greatest venture in the history of the Society takes form. Broad policies have been outlined and approved. Today attention is centered on details. Even these should be disposed of before too long, and if present hopes materialize contracts will be made available to the public about October 1.

No one claims that a Utopian era for medicine will be ushered into being with the birth of Kansas Physicians' Service. No one connected with the plan expects it to operate without dissatisfaction. No one thinks every doctor and every patient will immediately find this the perfect answer to all their problems.

It will, however, provide certain advantages that are not available today, and it is an answer to the proponents of socialized medicine.

### **This will aid low-income families.**

True or false, it has been claimed by many that the economic hazards involved in catastrophic illness frequently prompt the patient to delay seeking medical care. When received its cost leaves the patient in debt. And for the doctor this patient is a poor financial risk because he accumulates many obligations at a time when he is least able to care for them.

Under the new plan the patient pays a little regularly while he earns. Then when he needs medical care, financial problems are no longer a factor. Nor are they a factor to the physician because the bill is paid promptly by Kansas Physicians' Service.

### **This does not alter the practice of medicine.**

Social reformers attempt to compel the individual to protect himself against the cost of medical care. Unfortunately such programs also involve the doctor. That cannot be avoided for the deeper one probes this question the more complex the matter of equitably distributing medical care becomes. Fees, specialists, selection of doctors, hours of service are only a few of the problems that need solving. It is no wonder that the medical profession resents lay interference.

Arriving at a place where doctors could no longer merely stand by and object they prepared an answer. This has been accomplished in many states and will soon become a fact in Kansas. The doctors' answer is simple. Let the patient decide if he wants to protect himself and his family; let participation be voluntary. Then let the doctor offer to provide his service. Except for the manner in which fees are paid, why need anything about the patient-physician relationship be altered?

And that is how it stands. Under Kansas Physicians' Service the patient selects the doctor of his choice exactly as before and the doctor undertakes to treat his patient exactly as always. The fee to be charged, except for the lowest income group, is determined as at present—by the physician and the patient. So in the doctors' answer there is no essential change, while under a government-operated plan the medical profession would lose its identity. And the patient his individuality, as he would learn to his sorrow. **Kansas Physicians' Service is controlled by Kansas doctors.**

If this is socialized medicine, at least it is not state-operated. Initiated by the Kansas Medical Society, it has been organized and planned by the Society for its own

protection and as a service to the public. If portions of the plan do not work out under experience, they can be changed by our Board of Directors. Contrast this with the delays that would accompany changes in a federally-operated program.

On July 22 a new Board was elected from nominations sent in by the secretaries of county societies. The following persons make up the Board. These are the directors who will guide the destinies of Kansas Physicians' Service in the future. Kindly note how heavily this organization is balanced in favor of the Medical Society.

#### **1. Officers and Executive Committee:**

Barrett A. Nelson, M.D., Manhattan, president—1 year  
John L. Lattimore, M.D., Topeka, vice president—1 year  
W. M. Mills, M.D., Topeka, secretary-treasurer—1 year  
O. W. Davidson, M.D., Kansas City—1 year  
O. E. Ebel, Topeka—1 year

#### **2. Representing the Kansas Medical Society:**

W. P. Callahan, M.D., Wichita, president—1 year  
\*W. M. Mills, M.D., Topeka, president-elect—1 year

#### **3. \*\*Directors selected from the Councilor Districts:**

Dist. 1—R. T. Nichols, M.D., Hiawatha—2 years  
\*Dist. 2—O. W. Davidson, M.D., Kansas City—1 year  
Dist. 3—C. H. Benage, M.D., Pittsburg—1 year  
Dist. 4—Frank Foncannon, M.D., Emporia—3 years  
Dist. 5—M. Trueheart, M.D., Sterling—1 year  
Dist. 6—W. F. Bernstorff, M.D., Winfield—3 years  
Dist. 7—R. R. Cave, M.D., Manhattan—3 years  
Dist. 8—E. M. Sutton, M.D., Salina—2 years  
Dist. 9—B. V. Thompson, M.D., Hoxie—3 years  
Dist. 10—O. A. Hennerich, M.D., Hays—2 years  
Dist. 11—F. G. H. Meckfessel, M.D., Lewis—2 years  
Dist. 12—G. R. Hastings, M.D., Garden City—1 year

#### **4. Two appointments to be made by the Governor:**

Not yet named

\*These directors serve in two capacities but are accorded only one vote each.

\*\*Length of term was determined by lot. After this all terms are for three years.

## Policy on Army Assignments

Additional Army Medical Corps officers will not be assigned to duty with the Veterans' Administration unless they had previously served on the staff of that organization, announced Major Gen. G. F. Lull, Deputy Surgeon General of the Army, in a recent press release. Officers who specifically request that service, however, will be eligible for such assignments.

## Medico-Legal Conference and Seminar

The Department of Legal Medicine of the medical schools of Harvard, Tufts, and Boston University in association with the Massachusetts Medico-Legal Society will present a six-day program of lectures, conferences, and demonstrations having to do with the investigation of deaths in the interests of public safety, October 1 to 6, at Boston. Attendance during five of the six days of the course will be limited to 15 persons who have registered in advance. On one day, October 3, the program will be open to any physician, lawyer, police official, or senior medical student who may care to attend.

Further information may be obtained from the secretary of the Massachusetts Medico-Legal Society, 25 Shattuck Street, Boston.

## POSTGRADUATE FUND

Last month the Journal printed a map showing contributions received for the Postgraduate Fund from the various counties. Since that issue went to press, we have received several additions, \$1,200 from Riley county, \$500 from Ellsworth county, and \$50 from Cherokee county. The next time this map is printed these additions will be shown, but it was felt that immediate credit should be given those areas that have contributed since the last figures were published.

May we remind you again that your contribution may be sent to the executive office of the Kansas Medical Society and that any amount is acceptable. If you prefer to send a bond, it must be either Series F or Series G and must be made payable as follows:

Kansas Medical Society, a Corporation  
Graduate Education Fund  
Topeka, Kansas

On Sunday, July 22, the Postgraduate Committee met at Topeka. It was decided that the dispersal of this money will be handled by a special committee on which will be named Dr. H. H. Jones, chairman, because he is chairman of the Postgraduate Committee, Dr. W. P. Callahan, because he is president of the Kansas Medical Society, and three members who have returned from service. In the near future this committee will be appointed and announcements will be made. As soon as plans are completed on applications and dispersals this information will be sent to all county secretaries and will be published in the Journal.

At this meeting information supplied in 154 questionnaires that have been returned by men in the service was reviewed. This is less than half the total that was mailed out but is sufficient to indicate trends that might be expected. Most of the medical officers who had been in practice in Kansas before the war are planning to return to their former locations. In fact, 127 were definite on this question. One does not plan to practice medicine after the war. One wants to practice outside of Kansas. Three will look for a new in-state location, and 11 said they were undecided.

Medical officers were also asked if they wanted to continue the type of practice they had prior to the war. The majority who were doing specialized work want to continue in the same specialty. Seventy-one of the 154 who answered did general practice before the war, and only 60 want to do general practice afterward. Eleven want to become specialists, six of them surgeons. The only other category that shows a loss in these tabulations is institutional practice. Of three who had engaged in this type of medicine before the war, only one wants to return.

The questionnaire asked the officer how much, if any, postgraduate work he wished, what courses he wanted, and where he planned to study. No limits were suggested so of course a wide variation of time was expressed. Two officers stated they wanted one month's training. Six wanted more than one year. The remainder were largely grouped into three- or six-months courses. More doctors asked for postgraduate work in surgery than any other category, although a general review of medicine followed not far behind. Ten different schools were listed but 44 per cent of the total expressed a preference for Kansas University if attractive courses are available.

According to the estimates made by Kansas doctors, 78 per cent of the members in service will want some form of postgraduate education before re-entering private practice. These requests were almost evenly divided among the various age groups.

It has been argued that a smaller number than here indicated will actually avail themselves of postgraduate education. This probably is true. The American Medical Association, with more than 21,000 questionnaires, finds that approximately 20 per cent will want postgraduate education. Be that as it may, it has been the wish of the Kansas Medical Society to use this fund as an expression of gratitude to members in service. Each returning medical officer will be invited to take advantage of this assistance. If the actual number of men who want postgraduate work in Kansas is even half as great as indicated in these questionnaires, there will be urgent need for donations from the many areas that have not yet contributed.

Only lack of space prevents printing the many comments officers added to their questionnaires. Most of them expressed gratitude to the Society for its continued interest. Such comments came from Col. William Menninger, Topeka; Capt. Philip W. Morgan, Emporia; Major Karl E. Voldeng, Wellington, and many others. Typical of their letters is the following from Comdr. L. R. Pyle, Topeka: "Your letter concerning the activities of the Kansas Medical Society for returning M.D.'s is most heartening. In talking to many of the young doctors who have been in activities far from active medical practice, I find a universal feeling that they have forgotten all they ever knew and they lack the confidence to start out. So I think your plan of postgraduate aid is excellent and in so far as I can find out in this vicinity is far ahead of any plans devised here."

Although many expressed similar opinions, the following excerpts are printed as an indication of some of the ideas that have occurred to members who are now in service.

"What we are planning to do after the war is of vital interest to us all and brings up a number of inevitable problems. Among these are where to practice and whether or not we can afford professional training on the basis of finance and age.

"The following plan is offered for whatever value it may have, but discussion with a number of fellow medical officers finds them uniting strongly in favor of it. In fact I find the plan proposed by a number of them. This is it:

"A group of five or six young doctors establish a clinic or suite of offices in an area that will give them clientele from a population of 10,000 or more. All of these doctors will have different specialty interests covering most of the major specialties. This would reduce the overhead considerably but allow hiring of fewer but better trained technical assistants. The income would be pooled and divided. Each doctor could spend about two months out of each year in special training along the line in which he is interested. Once he has pretty well mastered his specialty, this time, or part of it, could be used for vacation which will be needed as he gets older. This also has advantages to the patient in that consultation will be available without great expense."—Lt. E. E. Hinton, USNR.

\* \* \*

"We have had little if any opportunity for reading current literature. If some form of circulating library could be arranged, great benefit would be had and would be appreciated. Many of us will be retained in the Army of Occupation.

"Doctors who have had administration only admit they have forgotten much and will, if not returned to civilian life soon, experience many embarrassing predicaments upon being confronted with, normally, simple situations. All of my acquaintances express desire for returning to school

as soon as relieved from the Armed Forces. Of course some have practiced in their field but this is, usually, the exception."—Major William M. Brewer.

Not everyone was happy, as evidenced by the following comments. For obvious reasons the names have been deleted here.

"What has the Society done to get the older man out of this damn thing and soon? Would suggest relieving doctors who have served three years and allow some of the younger slackers to fulfill their responsibility. The consensus of doctors overseas is that there should be a turnover in doctors in the Army as well as other personnel. We feel the Procurement and Assignment in 1942 worked out very unfairly to the older men while a lot of younger men sat back and waited. This feeling is very strong and I wish you would get busy and remedy this situation. There is a lot of war to be fought in the Pacific and we are all very tired and stale."

\* \* \*

"When do we get out of this damn political Army? I want to practice. I have had five years (post grad) before I entered the Army. Now 36 (plus) years old and have practiced one year. How about getting some of us out before age 50?"

\* \* \*

"In January of 1945 a number of medical officers who were on 'limited service' were 'loaned' to the Veterans' Administration. Although I was qualified for overseas service, I was sent here.

"We do not like the assignment, we are working for a civilian organization and are taking care of civilians only, and we wonder if the government is within their legal rights in accomplishing this transfer.

"Those of us who volunteered our services on a limited service basis feel that our service was entirely voluntary as we were not physically qualified, and if the Armed Forces do not need us we should have the opportunity of either volunteering for service with the Veterans' Administration or be given our discharge back to civilian life."

The majority, however, merely expressed their need for additional work before entering civilian medical practice.

"After spending the past two years as a battalion surgeon, which is little more than a 'glorified aid man' and almost out of contact with medicine except through books and journals, it is indeed a pleasure to know that definite plans have been made for a postgraduate school for returning M.C.'s."—Capt. Herbert L. Songer.

\* \* \*

"Having been with forward elements of combat units for the past three years, I actually have not done very much medical work except for front line first aid and emergency surgery. So quite naturally I feel the need for refresher courses in medical subject plus some advanced work. We in the services certainly appreciate the many things which the Kansas Medical Society has done and continues to do for us."—Major Edwin T. Wulff.

At least one society, the Sedgwick county society at Wichita, has made plans to assist the officer who, for any reason, does not find it practical to go away for formal schooling. Various specialists in Wichita are organizing to offer assistantships to any returning officer who cares to avail himself of clinical experience under supervision. It has been suggested that similar plans can be placed in operation in all parts of the state and that general practitioners also might offer to assist in this way.

## PROFESSIONAL PROTECTION



DOCTORS DISCHARGED  
from Military Service should  
notify Company immediately.

MILITARY POLICY  
does not cover Civilian Practice.

**MEDICAL PROTECTIVE COMPANY**  
FORT WAYNE, INDIANA



## THE BROWN SCHOOL

An exclusive year round school for children with educational and emotional difficulties. Under supervision of registered psychiatrist, resident physician, registered nurses, and technically trained teachers. Individual instructions in all academic subjects, speech, music, home economics, and arts and crafts. Separate units for different types of children. Farm and Ranch school for older boys. Private swimming pool. Fireproof buildings. View book and other information upon request.

BERT P. BROWN, DIRECTOR

Box 177, San Marcos, Texas  
Box 3028, South Austin 3, Texas

## EXECUTIVE OFFICE

### The Positive Approach

James V. Sparks, M.D., of Dallas, Texas, writes in the Texas State Journal of Medicine his memories of 25 years' practice in France during which time socialized medicine came to that nation.

"During the 25 years that I practiced my profession in France, I had the enviable opportunity of having a ring-side seat in the making of European history and the events that caused not only the fall of France, but the decline and decadence of other European countries, and events which led up to the present war in Europe. Now I am home again in America, and as I ponder over the past and watch what is going on here at present, I sometimes wonder if I am not dreaming, for ever so often I seem to be living again through events that have already transpired. I have the impression that I am watching something that has happened before. Quite often these episodes have anything but a happy ending. As I contemplate today the tragic state of France and the other countries of Europe, I wonder why we in America have made no effort to avoid making the same errors they unfortunately made. I wonder why we do not have sense enough to profit from their bitter experience . . .

"Now the bill that was at first proposed in France was a most vicious bill, but no more so than the Wagner-Murray-Dingell bill that is before our Congress now. The medical professions were up in arms and fought like they had never fought before. They finally succeeded in defeating the bill, but then instead of being ready to meet a situation that they could not dodge, they fell back after their first victory into a lethargic state; they sat back and rested, but as they were resting, a new bill was presented, a bill which with terrific labor union backing was passed in spite of every effort the medical profession could make to stop it, and France had socialized medicine. Now this law that was passed was certainly not perfect. Surely the doctors could have drafted a much fairer and better law, but their entire efforts had been spent on fighting what others had proposed. They themselves had offered nothing constructive . . .

"I am going to suggest that our societies must and should enter politics. Not partisan politics, mind you, but politics, and that we take a stand on those questions that affect us in our professional and home lives. I suggest that we should not only raise our voices, but we should go further and employ lobbyists and public relations counsels, and that instead of complacently sitting back and contenting ourselves with griping, we should take an active and righteous part in the forming of public policies. Certainly as a class we are more advanced intellectually and culturally than the majority of members of different labor unions, yet these people are represented before Congress and they are forming, by pressure, public policies. They are looking out for their own interests, and some of the plans that they are advocating, to which our Congressmen are listening, are often exceedingly

harmful to us, to put it most mildly."

Although the ideas are not new they were here expressed by a doctor who had experienced the type of revolution that threatens the United States today. Perhaps other answers than his are available. If so, your executive office invites you to send in suggestions.

Today it appears as though the following possibilities are open. One or a combination of these events will probably occur.

1. Federally dominated medicine could be accepted docilely with whatever good graces might be mustered upon the occasion.

2. Or medicine might refuse to offer its services under a federally operated plan on the grounds that there can be no socialized medicine in America unless doctors participate in the program.

3. Or medicine might continue to voice its disapproval in the hope that these tactics would defeat or at least delay passage of such measures.

4. Or medicine might sponsor a plan which would solve the problems that these social reformers are hoping to care for, thereby removing the need for federal interference.

5. Or medicine might actively enter the field of politics with a positive legislative program designed to suit its wishes and endeavor to win the issue directly in Congress.

The first and second alternatives are exactly opposed. In one the medical profession would rely upon the benevolence of the government, in the other it would refuse cooperation. The third embodies present activities, which, it is true, have been successful up to the present.

Kansas, for the time being, plans to concentrate its activities on the last two possibilities mentioned, in the belief that if something might be done to forestall governmental control, these are the methods of choice.

Kansas Physicians' Service is the answer to those who claim that economic factors present a need for socialized medicine. This plan is voluntary but to the thoughtful man it offers all the protection that the politician claims the public wants, and at a cost far less than would be possible under a tax-supported venture. Nor will the practice of medicine be disturbed except in the manner in which services will be paid. If this program and similar programs in other states are successful, then the need for socialized medicine has been erased and its proponents silenced.

The other plan pertains to the drafting panel which was described in the July issue of the Journal. Your Council approved this plan and Dr. W. P. Callahan will appoint a panel in a few days. These doctors will submit a series of ideas on federal legislation desired by the medical profession. Next fall Kansas, together with representatives of many states, will draw up a platform to present to friends in the Senate for conversion into legislation. This, then, will be medicine's answer to the plea for a positive approach.

Any ideas or criticisms will be sincerely appreciated. The Kansas Medical Society wishes to be of service to you and welcomes your opinions. Kindly send comments either to Dr. W. P. Callahan, Wichita, president, or to the executive office and they will be forwarded.

## THE TROWBRIDGE TRAINING SCHOOL

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

The Best in the West

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.

1850 Bryant Building

E. HAYDEN TROWBRIDGE, M.D.

Kansas City, Mo.

## Penicillin Production in 1944

Sufficient penicillin was produced in this country last year to treat 3,200,000 sufferers from such serious diseases as septicemia or pneumonia, according to Doctors Theodore G. Klumpp, president, and Justus B. Rice, director of medical research, Winthrop Chemical Company, Inc., New York and Rensselaer, New York.

Expansion of penicillin production in 1944 to close to sixteen hundred billion (1,600,000,000,000) Oxford units, 8,000 per cent of the total production of all previous years, and new developments in antibiotics, chemotherapy, blood plasma, anesthetics, antiparasitics, and insecticides were reviewed in a scientific paper prepared by the two doctors for publication in a recent issue of Chemical and Engineering News.

"The tremendous expansion of penicillin production, begun in 1943 and reaching its full flood in 1944, is a tribute to American productive genius and the fine work of the Drugs and Cosmetics Sections, Chemicals Division, War Production Board," the review stated.

"The most noteworthy single contribution to penicillin therapy during the year was the development at Walter Reed Hospital of a suspension of penicillin calcium in oil and beeswax, which, by slowing absorption of the drug after intramuscular injection, confers a depot action on the drug. This technique obviates the necessity of frequent injections.

"By its use gonorrhea, for example, may be cured in a few hours by a single injection. The practical importance of this discovery to the armed forces is very great. During the year, also, the remarkable action of penicillin in the treatment of early syphilis was confirmed and its value in the treatment of late syphilis suggested."

In concluding their review of the year, Doctors Klumpp and Rice stated that the "small gains in technical skill,

forced draft production, and immediately useful skill stimulated by war are more than overshadowed by the interruption of long range research programs and the diversion of untold numbers of capable investigators to routine tasks. Progress in pharmaceuticals and medicinals in 1944 has been made on borrowed time."

## Col. Menninger Is Speaker

Col. William C. Menninger, director of the Neuro-psychiatry Consultants Division, Office of the Surgeon General, delivered the graduation lecture to the 20th (and largest) class graduated from the School of Military Neuro-psychiatry, Mason General Hospital, Brentwood, L. I., N. Y. He discussed the relation of psychiatry to manpower, its wider application as a social science, the increased emphasis on treatment, and psychiatric responsibility toward veterans.

## Supplement to the U. S. Dispensatory

A review of the non-official new medicinals in the 1945 supplement to the 23rd edition of the U. S. Dispensatory (October, 1943) comprises the paper by Louis M. Roeg, for the June meeting of the Scientific Section of The Proprietary Association of America, to be held under the chairmanship of Dr. J. D. McIntyre of Dr. D. Jayne and Son, Inc. Official new medicinals have been covered in previous papers by Mr. Roeg.

Somewhat overshadowed by the spectacular publicity given to penicillin and DDT are a number of other important discoveries, such as the aerosol antiseptics (for disinfecting air), biotin (a growth factor), oxidized cellulose (absorbable in body tissue), sodium propionate (for athlete's foot and other fungi), and some new sulfa compounds (which may prove useful in the treatment of tuberculosis).

## FOR 32 YEARS

(31 Years in the Same Location)

We have specialized in the collection of accounts for professional men, hospitals, morticians, etc. Not only do we get results, but we always endeavor to retain for our clients the friendship and good will of those from whom we collect.

We have no postage nor docket fees; no filing nor membership fees. We receive only a moderate commission for results obtained. Absolutely no collection, no charge. And we remit monthly on every cent collected.

Here is all you need to do to start our monthly checks coming to you: Send us a list of your past due accounts giving name and address of each debtor, amount due and date of last payment or charge. Do not send itemized statements. Just list totals of each account.

As members of the Collection Service Division of the Associated Credit Bureaus of America, with its 700 affiliated collection offices, we can render an effective collection service wherever your debtors are located—be it the United States, Canada, Alaska, or Hawaii. These offices, like our own office, were elected to membership after careful investigation as to efficiency and reliability—and each office is covered by a surety bond.

Reference: Security National Bank, 7th and Minnesota Avenue, Kansas City, Kansas.

## MORANTZ MERCANTILE AGENCY

DAVID MORANTZ, *Manager*

SECOND FLOOR, GROSSMAN BUILDING, KANSAS CITY, KANSAS

*"Established 1913 and our first client is still with us."*

## MEN IN SERVICE

A recent letter from Capt. Ward M. Cole, who formerly practiced at Wellington, included the following paragraphs: "Just writing to tell you of my new address which is Birmingham General Hospital, Van Nuys, California. Have recently been transferred here and am in the orthopedics department. Enjoy the work very much and as the hospital is in the heart of the San Fernando Valley it's about as good a set-up as one finds in the Army."

"The Journal is very much appreciated, especially the section on those in the service. Keep working on that postgraduate work as there are lots of us that will want it, I believe."

Col. William C. Menninger, director of the Neuro-psychiatry Consultants Division, Office of the Surgeon General, emphasized the importance of promoting understanding of psychoneurosis when he spoke on the "Report to the Nation" program June 24.

Capt. V. A. Vesper, who has served in the Army Medical Corps for three years, 22 months in Africa and Italy, has returned to the United States and has been notified that he will be released from the service soon. He will resume his practice in Hill City as soon as possible.

Col. Maurice Snyder, chief of the medical service in the 77th Evacuation hospital during the European campaign, was one of the 1,000 doctors flown to the United States from Paris last month. He is now on leave at his home in Salina.

The 77th followed the First Army through most of the latter part of the European campaign and went as far into Germany as Muenchen-Gladbach, the home of Nazi Propaganda Minister Goebbels. During his three years overseas Col. Snyder was in Africa, Sicily, England, France, Belgium, and Germany.

Announcement was made recently by the Surgeon General of the promotion of two Kansans now serving in the Army Medical Corps. Dr. George L. Beatty, Norton, now holds the rank of colonel, and Dr. Lee H. Leger, Kansas City, became a lieutenant colonel.

Dr. V. M. Auchard has resumed his practice in Lawrence after having spent four years in the Army Medical Corps with the rank of lieutenant colonel. He first served a year at Camp Roberts, California, and then went to Alaska, where he was stationed on Kodiak Island as medical inspector and regimental surgeon. He was also in charge of the station hospital at Whittier, Alaska, and supervised the construction of four Army hospitals.

The following letter from Col. L. G. Rowntree, Chief, Medical Division, Selective Service System, was written to Lt. Col. Seth A. Hammel of the Kansas Headquarters of Selective Service:

"As I am about to leave my assignment as Chief of the Medical Division of the Selective Service System after four and one-half years of duty, I want to express to you my deep appreciation of your friendship, your loyal and effective service, and for your leadership within your service."

"Even before War, our country required the services of the medical and dental professions. These professions responded gloriously so that the processes of procurement and selection were made to function smoothly and efficiently."

"As I recall the splendid leadership in your state, I shall always point with justifiable pride to your record of accomplishment. The nation today is awakened to its many medical problems in large part because of the effective work that you, your staff, and the doctors of your state have done through your connections with the Selective Service System."

"This brings my deepest thanks for your many courtesies and kindnesses to me and for your splendid work for the Selective Service System."

The following letter, signed by six medical officers serving in the E. T. O., was written February 5, 1945, to the editor of Medical Economics, published at Rutherford, New Jersey. The letter was in answer to an article printed in the October, 1944, issue of Medical Economics, "What Medical Officers Think About," and gives a different answer than the one presented by that publication.

"The article entitled 'What Medical Officers Think About', page 17 service edition Medical Economics, October, 1944, was read with considerable concern by the medical officers of this organization now stationed in France."

"We also have time to think and talk about our post-war practices; and curiously enough it is our unanimous opinion that we will return to 'our own little office' where there is healthy, constructive competition which is adequately controlled by medical ethics and medical society regulations as in the past. It is felt that this present stereo-

### IMPORTANT NOTICE TO SERVICE MEN

The December Journal will be the last issue sent overseas unless the medical officers now on the mailing list write us before that date and request that we continue mailing the Journal to them.

Postal regulations prohibit mailing the Journal overseas unless a specific request has been received. Requests should reach the Executive Office, 406 Columbian Building, Topeka, Kansas, before December 31, 1945.

We want to continue sending you the Journal. Please write at once so that we can send it to you during 1946. Or, if you prefer, fill in the form below and mail to the Executive Office.

Please send the Journal of the Kansas Medical Society to me during the year 1946. My present address is shown below:

Name	Rank	Serial Number

# IT IS GOOD PRACTICE

... in judging the irritant properties of cigarette smoke... to base your evaluation on scientific research. In judging *research*, you must consider its source\*.

PHILIP MORRIS claims of superiority are based *not* on anonymous studies, but on research conducted only by competent and reliable authorities, research reported in leading journals in the medical field.

Clinical as well as laboratory tests have shown PHILIP MORRIS to be definitely and measurably less irritating to the sensitive tissues of the nose and throat. May we send you reprints of the studies?



## PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.,  
119 FIFTH AVENUE, N. Y.

\**Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154  
*Laryngoscope*, Jan. 1937, Vol. XLVII, No. 1, 58-60

*Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241  
*N. Y. State Journ. Med.*, Vol. 35, 6-1-35, No. 11, 590-592.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

typed, regimented, limited type of glorified, government-controlled medicine that we are practicing is an emergency measure *only*. No one knows better than a medical officer the inefficient practice resulting from this impersonal doctor-patient relationship. These opinions are held jointly by both the older and younger medical officers of this organization.

"The younger medical officers here fresh from internships and residencies as well as the older medical officers do not fear the practice of medicine in the supposedly abnormal and unstable communities we are fighting to preserve, nor are we skeptical as to our economic future. Contrary to the opinion of the medical officer from New Guinea we do not feel we will irritate and bore our fellow colleagues about our self-sacrifices, nor do we expect our civilian brethren to break their necks to make our post-war lot any easier. Since when has a young American medical graduate expected a handout? We doctors with two years in the E.T.O., unlike the author affected by 13 months of the jungle, do not feel bitter toward, but rather are normally envious of our colleagues in the States. Furthermore, we are confident that the medical societies on the home front are protecting our interest. They normally expect and will receive, upon our return, our full co-operation in maintaining the free practice of medicine.

"We have yet to come in contact with a single medical officer who is a member of, or has any knowledge of, a medical society at home who feels that the dues are too high, that it would be folly to turn our interest over to the medical society, that our colleagues back home have so entrenched themselves in our absence that they will not welcome our return, that medical societies are unable without loss of face to fight legislation and that there will be a cleavage between ex-service and civilian doctors.

"It is felt that the publishing of such a perverted, ambiguous, unsubstantiated article by a person unqualified to make a statement concerning thoughts of medical officers is a threat to the free practice of medicine, is an indirect approach to the support of the Wagner-Murray bill and that Medical Economics is doing the medical profession an injustice by printing such an article."

Sincerely,

James L. Moffett	Lee E. Rook
Major, MC, Wisconsin '40	Captain, MC, Kansas '34
Byron J. Smith	Raymond J. Modjeski
Captain, MC, Indiana '31	Captain, MC, Indiana '37
Charles H. Thom	Victor K. Hager
Captain, MC, New York '40	Captain, MC, Missouri '41

### Use of Sulfa Discontinued

The local use of any chemical agent in a wound as an anti-bacterial agent is not justified, according to the Army's accumulated experience in wound management, and the local use of crystalline sulfonamides has therefore been discontinued except in the case of serous cavities where its use, while permissible under the direction of the surgeon, is not recommended.

### Pamphlet for Medical Officers

A bulletin of information for medical officers, giving data on the G. I. Bill of Rights, education, internships, residencies, and aids in establishing a practice has recently been published by the Bureau of Information of the American Medical Association and is now available upon request to

the A. M. A. office. Medical officers who have been released from the service or expect to enter civilian practice soon will find valuable information in the pamphlet.

### Army Announces Release Policy

Substantial releases of Army Medical Department personnel will not take place before the latter part of this year, Surgeon General Norman T. Kirk said in announcing a policy on discharges in conformity with War Department procedures. This is due to the fact that the peak of the Medical Department's activities will not be reached until fall.

In formulating the policy consideration was given to civilian needs for professional medical, dental and veterinary care without weakening military needs. Other factors considered were the length of time necessary for personnel to complete their work in the Mediterranean and European Theaters and return to the United States; replacement of medical department personnel in active theaters by those who have not had overseas duty; necessity for the maintenance of a high standard of medical care; the heavy load of patients in the United States; evacuation of the sick and wounded from Europe in the next 90 days and continuing medical service in the Pacific.

The policy applies with equal effect to Army medical officers assigned to the Veterans' Administration and other agencies. It reads:

#### Medical Corps

- a. Officers whose services are essential to military necessity will not be separated from the service.
- b. Officers above 50 years of age whose specialist qualifications are not needed within the Army will receive a high preferential priority for release from active duty.
- c. Adjusted Service Ratings will be utilized as a definite guide to determining those who are to be separated.

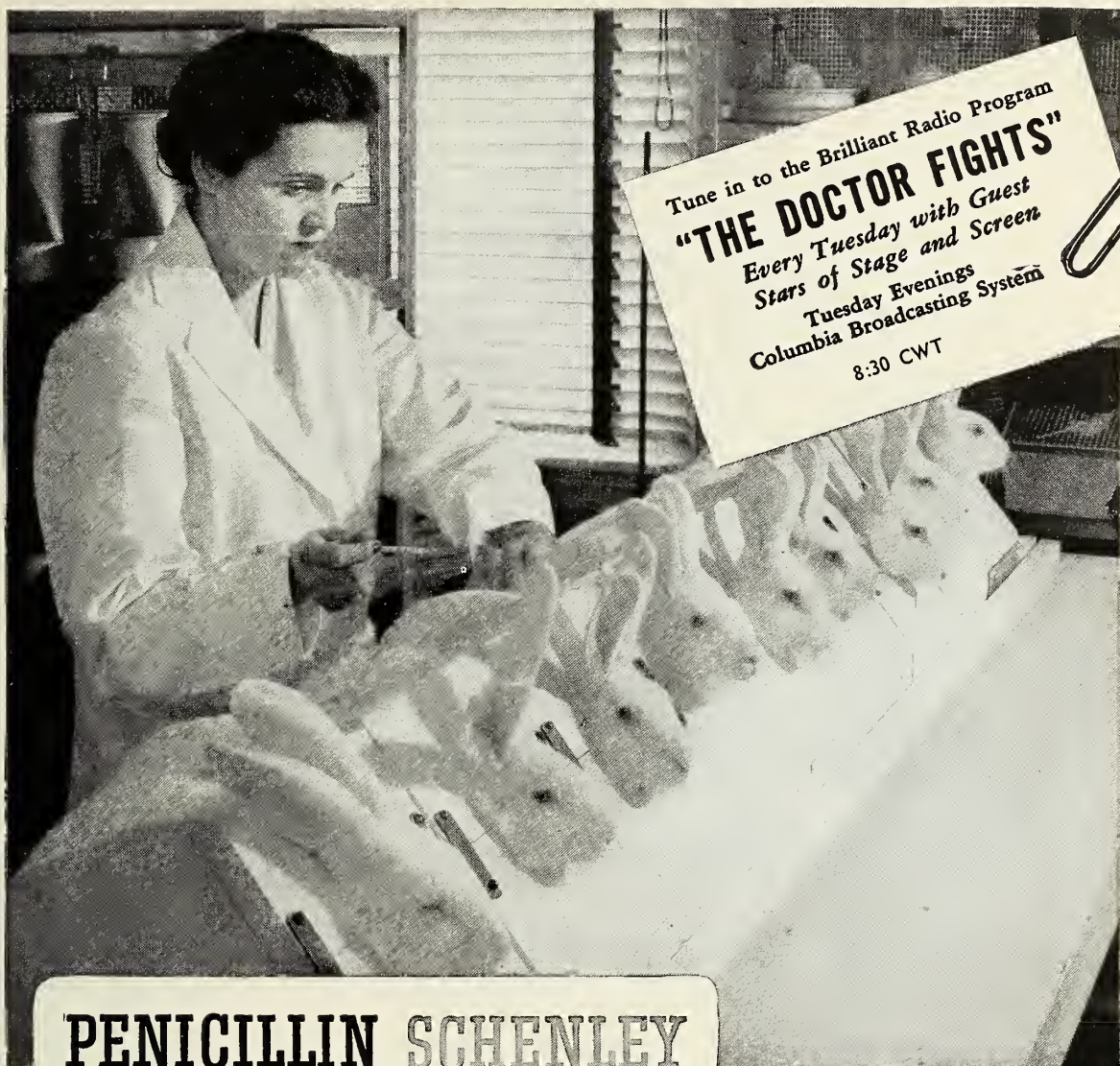
#### Army Nurse Corps

- a. All nurses whose husbands have been released from active duty will be discharged upon request when release of husband is proven.
- b. No officer will be separated whose services are essential.
- c. Officers with children under 18 years of age who wish to be released will receive a high preferential priority for selection.
- d. Adjusted Service scores will govern other cases.

### Streptomycin for Typhoid

First experimental results indicate that the use of streptomycin, the anti-biotic which promises to attack some of the germs undisturbed by penicillin, may be effective in the treatment of typhoid fever. Reporting on treatment of five typhoid victims, Dr. Hobart A. Reimann of the Jefferson Medical College and Hospital, director of clinical studies, Dr. Allison H. Price of the same institution, and Dr. William F. Elias of the Wyeth Institute of Applied Bio-Chemistry, who handled the laboratory tests, said that streptomycin presented the first good approach to a cure for typhoid, heretofore handled only by a conservative fever treatment.

Streptomycin is one of the antibiotic discoveries following on the heels of penicillin. Found only a year ago by Dr. Selman A. Waksman of Rutgers university, it is available now in limited quantities for experimental use only, just as penicillin was two years ago.



## PENICILLIN SCHENLEY

*Product of a common mold . . . but most uncommon care*

The mold which produces penicillin is a mold of a fairly *common* variety . . . but the production of penicillin for the medical profession depends upon precautions to insure sterility which are *most uncommon*.

One of the most important requirements of the finished penicillin is freedom from pyrogens. Each manufactured lot of PENICILLIN SCHENLEY is tested (as illustrated above) to insure utmost pyrogen-freedom. When, in placing your order for penicillin, you specify PENICILLIN SCHENLEY . . . you may do so with confidence . . . knowing that such measures of uncommon care assure a product of highest standards.



SCHENLEY LABORATORIES, INC.

Producers of PENICILLIN SCHENLEY • Executive Offices: 350 Fifth Avenue, New York City

### The Kansas Press Looks at Medicine

For influencing public opinion the press is still, perhaps, the most powerful agent available. Paid advertisements are one medium of utilizing this force. Its effectiveness may quickly be estimated by recalling the enormous sums that are spent each year for newspaper advertising. Even more effective is the opinion of the newspaper voluntarily expressed in such forms as editorials.

We have been grateful to the editors of Kansas newspapers for the many thoughtful and kind comments they have made regarding the medical profession. Since some of these fail to reach the Journal office, it is impossible to give recognition to them all. We are very happy, however, to express our gratitude to those editors whose comments are printed below and repeat that we appreciate their services in explaining to the public that the doctor is sincerely striving to give to the people of Kansas the very best in medical attention. He is doing this now under some difficulty but looks forward to what he hopes will be the not too distant future when nothing more need be said about the physician shortage, when an adequate number of doctors will again be available in all communities.

#### Ask the Veteran

On the question of government sponsored medical care, too much emphasis has been placed on the doctors versus the government. In between are the people, and they are the ones who stand to gain or lose the most. As more than one doctor has pointed out, if state medicine is thrust upon the medical profession and the doctors don't like it, those who wish can escape by merely switching to some other line of business. But for the people, there is no escape. If state medicine is adopted and results in lowered medical standards there will be nothing the people can do about it—socialism is a one-way road. The people will be socialized, not the doctors.

The medical profession opposes state medicine because it has studied the lessons of history and knows that too much government in medicine will not bring adequate medical care to all the people. A tragic example of state medicine can be seen in the veterans' hospitals. Many veterans are getting worse than poor medical care all because their treatment is swamped in red tape—politics takes precedent over the requirements of good medicine. And who has suffered the consequences, the veteran or the doctor? Ask the veteran!—*Harvey County News, Newton.*

#### State Medicine's Alternative

If the war has proved anything it has shown us that Americans can get along without "socialized" medicine. Miraculous surgical feats have been performed on the battlefronts. An almost negligible percentage of wounded cases become fatalities. Most of this is due to the quality of American medical men and the research facilities behind them—all founded on private initiative.

It is true, of course, that some Americans do not have access to surgical skill and top-rate hospital facilities—usually because of financial shortcomings. Yet the needs of millions of men, women and children are ministered to without costing them a cent. Probably no man does so much charitable work as the average family doctor.

One might argue that state medicine would guarantee every man his fair share of medical skills in time of need. That is not necessarily so. Whenever politics enters the picture, efficiency goes out the door. The unskilled practitioner with an uncle in the courthouse might get more cases than the competent surgeon.

We do not believe socialized medicine will work—

under whatever label—and we know many men and women feel the same way. They are dubious at any plan which puts national health at the mercy of politicians.

There is, however, an alternative to socialized medicine which can guarantee adequate hospitalization facilities without upsetting our medical apple cart. Hospital service is provided under an insurance formula which has brought the plan wide-spread popularity wherever it has been tried. Hundreds of hospitals have now banded together in support of the idea.

Under the non-profit plan, the family man or an individual pays a small fee monthly, in return for which he is guaranteed hospital services for himself and family as required. Many families have been clients of the plan for years without resorting to its aid. Other families would be hopelessly in debt were it not for such hospital insurance.

There are many plans, some of which are very good, others less favorable. Selection is often a matter of individual choice. The best advice is obtainable, naturally, from hospital officials. They have many dealings with such services and they know the services in which the potential insured may place confidence. It is as simple as that.—*Kansas City Kansan, Kansas City.*

#### Pastwar Health Program

Expansion of the Blue Cross plan, providing hospitalization insurance on a prepayment basis, to every community or area in this country, is advocated by Dr. Morris Hinenburg, president of the Greater New York Hospital Association.

Urging the development of a "more adequate health service," Dr. Hinenburg declared that the service's benefits should be extended to people in the lower income brackets. "Its ultimate goal should be to provide for as many types of illnesses as possible, not for twenty-one days or thirty days, but for as long as the real need for hospitalization exists. Every effort should be made to establish a comprehensive type of coverage that will conform to a national plan of hospital service.

"In fashioning an adequate program of health for the nation, there must be a way to determine how voluntary hospitals, Blue Cross plans and voluntary medical service plans can combine their initiative and activities with those of government programs in medicine.

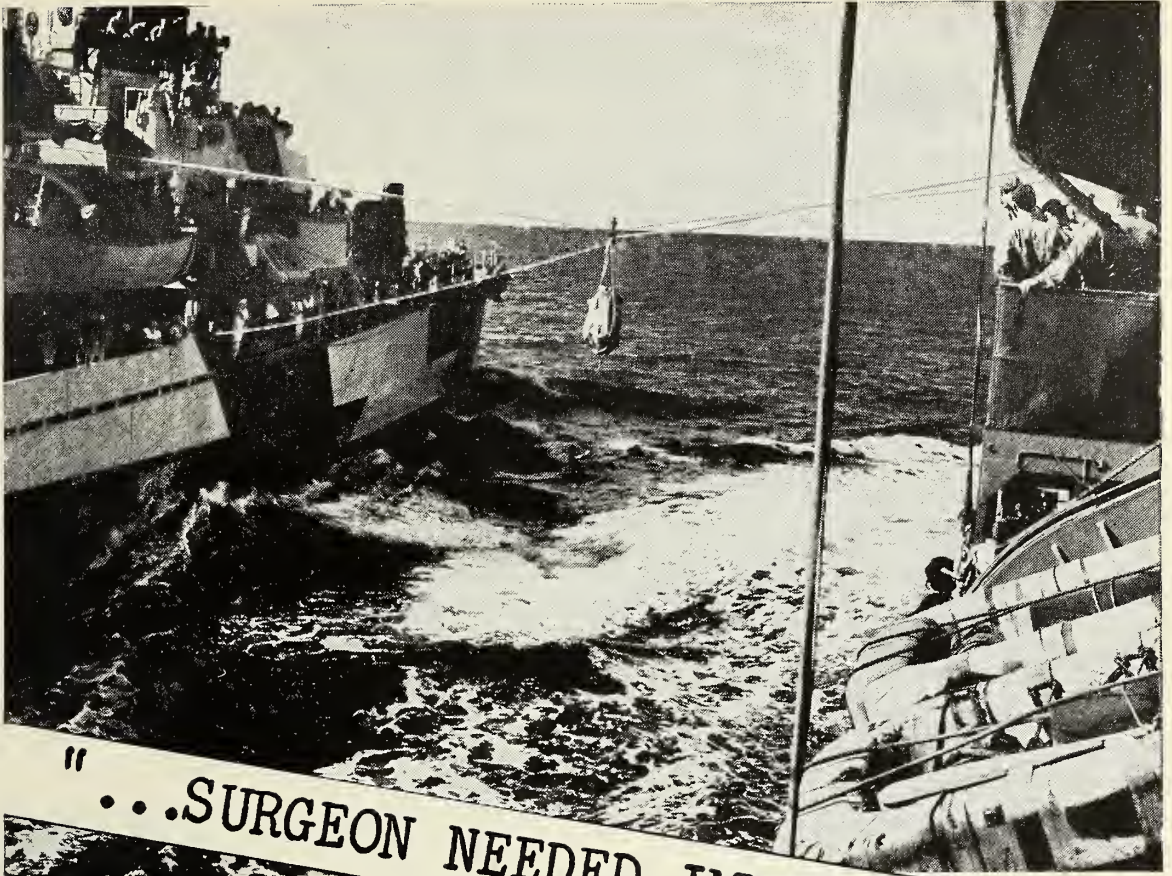
"There is a need for both, and there is room for both. Neither can nor should attempt to assume the greater responsibility of a complete program, but should bend every effort to share in the realization of this constructive purpose."

To extend hospitalization protection will involve money, and Dr. Hinenburg makes an appeal for support to employer groups, to industry, and for the continued aid of government and philanthropy in caring for the indigent and unemployed.

Dr. Hinenburg's ideas could well form the basis for one of the most constructive post-war programs that could be adopted by any community in our land.

The United States has outstripped the world in raising its standard of living by the voluntary effort and initiative of its own citizens. If it turns this same energy toward providing adequate medical facilities for all, it will soon set a record in that line.—*Harvey County News, Newton.*

Exception to the rule that spices furnish flavor but not food value are paprika and chile. Recent tests have shown that paprika and chile contribute important amounts of vitamins A and C to those diets in which they are used generously.—*Food and Nutrition News.*



"...SURGEON NEEDED IMMEDIATELY  
FOR EMERGENCY OPERATION"

Ship transfer on the high seas—that's just one of the hazards of war confronting the Navy surgeon.

Yes, the medical man in the Navy—in any of the armed services—shares many of the same risks and the same exhausting hours of duty as the man behind the gun. And, like any other fighting man, he enjoys the cheer and comfort of a few minutes' relaxation with a good cigarette... very likely a Camel, for Camels are a fighting man's favorite around the world.

R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

# CAMEL

**COSTLIER TOBACCOS**



### County Societies

A meeting of the Golden Belt Medical Society was held July 5 at the Manhattan Country Club with members of the Riley County Society as hosts. A scientific program was given during the afternoon with the following as speakers: Capt. Max J. Klainer, MC, Regional Station Hospital, Fort Riley, "The Evaluation of Transitory Elevations of the Blood Pressure in Young Adults"; Dr. W. P. Callahan, Wichita, "Diagnosis and Surgical Treatment of Diseases of the Gall Bladder and Bile Ducts"; Dr. H. L. Hiebert, director of tuberculosis control, State Board of Health, Topeka, "The Private Physician's Part in Tuberculosis Control"; Dr. Charles Rombold, Wichita, "Retropulsed Intervertebral Disc."

A business meeting and an informal program followed a seven o'clock dinner.

The Cowley County Medical Society met June 21 at Arkansas City with the president, Dr. R. L. Ferguson, presiding. Dr. Warren F. Bernstorf, Winfield, explained the program of Kansas Physicians' Service, and Dr. C. C. Hawke, Winfield, demonstrated a new type of splint for fractures.

Dr. J. Allen Howell, Wellington, was speaker at the regular meeting of the Sumner County Society held July 26 at Wellington. His subject was "Injury to the Knee."

A meeting of members of the Medical Societies in and around Barton county was held at the country club at Great Bend June 8. Dr. W. P. Callahan, Wichita, president of the Kansas Medical Society, spoke on legislative problems, and Dr. B. A. Nelson, Manhattan, president of Kansas Physicians' Service, outlined the plan for pre-payment medical service. Mr. Oliver E. Ebel, Topeka, explained the problems of the executive office of the Kansas Medical Society.

The Northwest Kansas Medical Society met at Colby June 17. Dr. Galen M. Tice, Kansas City, gave a scientific study, "Radiology as a Diagnostic Procedure in Determining Gastrointestinal Disorders," and Dr. B. A. Nelson, Manhattan, explained Kansas Physicians' Service. Mr. Oliver E. Ebel, executive secretary of the state society, was also a guest.

Members of the Wyandotte County Medical Society entertained friends of medicine in and around Kansas City at a special dinner meeting at the home of Dr. E. S. Miller on June 18. Among the guests were the senator and representatives from that district and Dr. J. L. Lattimore and Mr. Oliver E. Ebel of Topeka.

The medical societies of the First District held a joint meeting June 27 at the Atchison country club. Guests were members of the Auxiliaries in those counties, wives of men in service from that district, and Dr. J. L. Lattimore and Mr. Oliver E. Ebel of Topeka. Dr. R. T. Nichols, counselor for the First District, was in charge of the meeting.

### Changes at KU Medical School

Dr. Frank C. Neff, a member of the faculty of the University of Kansas School of Medicine for 30 years, retired as head of the department of pediatrics on July 1. He was succeeded by Dr. Herbert V. Miller, former assistant professor of pediatrics at Yale. Dr. Neff will remain on the teaching staff and will continue private practice.

Also retiring is Dr. E. J. Curran, professor of ophthalmology, after more than 30 years service as a lecturer and specialist at the University hospitals. Although he will continue on the staff, Dr. Curran is being relieved of administrative duties in order to carry on a special research investigation in his field. Dr. J. A. Billingsley becomes professor of ophthalmology at the University.



## Hotel Jayhawk

TOPEKA ~ KANSAS

Main Dining Rooms and Coffee Shop

Air Conditioned and Refrigerated

Many Private Dining Rooms Available for Special Parties

THE MOSBY HOTEL CO.

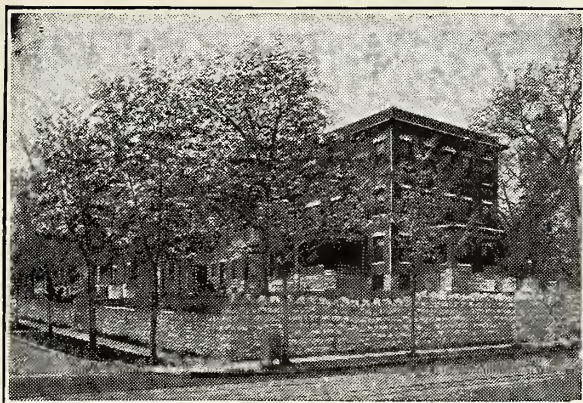
N. M. Mosby, Pres. & Gen. Mgr.

# THE MAJOR CLINIC ASSOCIATION

3100 EUCLID AVENUE

KANSAS CITY, MISSOURI

A Well  
Equipped  
Institution  
for the  
Nervous and  
Mental  
Diseases and  
Alcohol  
Drug and  
Tobacco  
Addictions



Beautiful  
Location  
Large,  
Well Shaded  
Grounds,  
Spacious  
Porches,  
All Modern  
Methods for  
Restoring  
Patients to a  
Normal  
Condition

HERMON S. MAJOR, M.D.  
*Medical Director*

HENRY S. MILLETT, M.D.  
*Associate Medical Director*

HERMON S. MAJOR, JR.  
*Business Manager*

*Woman's  
Burden  
Lightened...*

**Schieffelin  
BENZESTROL**  
(2, 4-di (p-hydroxyphenyl)-3-ethyl hexone)

**Schieffelin Benzestrol Tablets:**  
0.5, 1.0, 2.0, 5.0 mg. 50s, 100s, 1000s

**Schieffelin Benzestrol Solution:**  
5.0 mg. per cc. 10cc. vials

**Schieffelin Benzestrol Vaginal Tablets:**  
0.5 mg. 100s

*Literature and Sample on Request*

This new synthetic estrogen has all the physiological and clinical action of the natural estrogenic hormone. It is effective either by mouth or by injection and has an unusually low incidence of side effects, even when given in amounts far in excess of those usually employed in human therapy.

Schieffelin Benzestrol Tablets may be administered in single or divided daily doses before or after meals or at such other times as may be convenient.

For those patients who have become psychologically adjusted to "shots" and claim that they fail to get relief from tablets, Schieffelin Benzestrol is available for intra-muscular injection.



**Schieffelin & Co.**

Pharmaceutical and Research Laboratories  
20 COOPER SQUARE • NEW YORK 3, N.Y.

## Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)

Incorporated not for profit

### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting August 13, August 27, and every two weeks during the year. One Week Course Surgery of Colon and Rectum September 10. 20 Hour Course Surgical Anatomy October 8.

**GYNECOLOGY**—Two Weeks Intensive Course October 22. One Week Personal Course Vaginal Approach to Pelvic Surgery September 17.

**OBSTETRICS**—Two Weeks Intensive Course October 8.

**ANESTHESIA**—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

**ROENTGENOLOGY**—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

**UROLOGY**—Two Weeks Course and One Month Course every two weeks.

**CYSTOSCOPY**—Ten Day Practical Course every two weeks.

**GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.**

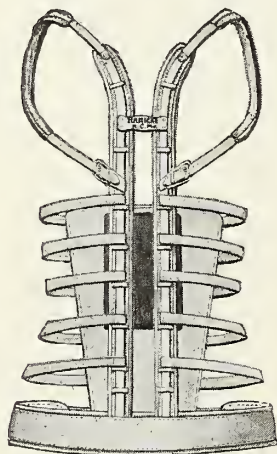
**TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL**

Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.

### BUY WAR BONDS

## Taylor-Type Back Brace

For  
Fracture of Vertebrae



P. W. HANICKE MFG. CO.  
1013 McGee Street  
KANSAS CITY, MISSOURI  
Telephone Victor 4750

### Members

Dr. H. L. Regier, Kansas City, was recently elected to fellowship in the International College of Surgeons, according to announcement made by Dr. Herbert Acuff of Knoxville, Tenn., president of the United States chapter of the organization.

Dr. T. E. Johnston has resigned as medical director of the Security Benefit Association, Topeka, to become gynecological surgeon for the Dr. R. H. Adams clinic in Oklahoma City.

Dr. C. M. Starr, who has been on the surgical staff of the Hertzler clinic, Halstead, for two years, has moved to Los Angeles to establish a private surgical practice.

Dr. Robert F. Harp, who formerly practiced in Mangum, Oklahoma, has opened an office in Moline and has begun practice there.

Dr. Clay E. Coburn, Kansas City, past president of the Kansas State Board of Health and of the Bethany hospital staff, was honored at a dinner in Kansas City July 6 by a group of friends and associates.

Dr. Karl Menninger, director of the Menninger clinic, Topeka, was one of a group of civilian psychiatrists who were chosen to make a study of combat exhaustion problems in the European Theater of Operations. The group recently returned from Europe and reported their findings to the office of the Surgeon General.

Dr. Ralph I. Canuteson, Lawrence, has been chosen to represent medicine on the Health Education Council for the State-Wide Health Education Project.

Dr. G. R. Hastings, Garden City, has been named a member of the Kansas State Board of Health by Governor Andrew Schoeppel. Dr. Hastings will fill the unexpired term of Dr. J. L. Lattimore, ending in March, 1946.

Dr. K. J. Bierlein has moved from Arma to Pittsburg and has opened an office there. He will return to his office in Arma for several hours each afternoon.

Dr. O. D. Sharpe, Neodesha, who completed 50 years in the practice of medicine in that city on May 25, was honored by the Wilson County Medical Society at a dinner meeting held at the Hotel Kelley on that day. Members of the Auxiliary and a number of long-time friends were guests.

*The Neurological Hospital, 2625 The Paseo, Kansas City, Missouri. Operated by the Robinson Clinic, for the care and treatment of nervous and mental patients and associated conditions.*

### Board of Health Elects

Dr. George I. Thacher, Waterville, was re-elected president of the Kansas State Board of Health at a meeting held in Topeka, June 28, and Dr. F. C. Beelman was chosen to serve again as secretary. A vice president for the Board will be appointed by Governor Schoeppel as Dr. H. L. Aldrich, Caney, who was named for that office died the day after the Board election.

### Dr. McVay to Council Office

Dr. James R. McVay, Kansas City, Missouri, was elected vice-chairman of the Council on Medical Service and Public Relations of the American Medical Association at a meeting held June 21 and 22. He succeeds Dr. Edward J. McCormick, who is now serving as chairman of the Council.

### Appeal for Medical Books

The Medical and Surgical Relief Committee of America, 420 Lexington Avenue, New York, has received an appeal for medical books from the Medical Nutrition Mission in Italy, set up in a hospital which is part of the University of Naples. The books are requested for the use of the Mission and later will be donated to the pediatric clinic library.

As a result of the war and German occupation, the European scientific world is at a tremendous disadvantage, not only because such a large amount of equipment has been destroyed or stolen but also because it has been impossible for professional men to continue their normal pursuits of research, teaching, writing or studying. Whatever America can do to help scientific knowledge in European countries reach and keep abreast of the level attained in the United States will be of inestimable value.

The books currently requested are as follows:

1. R. P. Strong: *Stitt's Diagnosis, Prevention, and Treatment of Tropical Diseases*-Seventh edition. 2 volumes. Blakiston.
2. Conant, Martin, et al.: *Manual of Clinical Mycology*. Saunders.
3. Saxl: *Pediatric Dietetics*. 1937. Lea and Febiger.
4. Brennerman's loose leaf *Pediatrics*. Nelson, 4 volumes.
5. Best and Taylor: *Physiological Basis of Medical Practice*. Williams and Wilkins.
6. McLester: *Clinical Nutrition and Dietotherapy*. Saunders.
7. Miller: *Oral Diagnosis*. Blakiston.
8. Peters and Van Slyke: *Quantitative Clinical Chemistry*. Williams and Wilkins. 2 volumes.

## RADIUM

(including Radium Applicators)

FOR ALL MEDICAL PURPOSES

Est. 1919

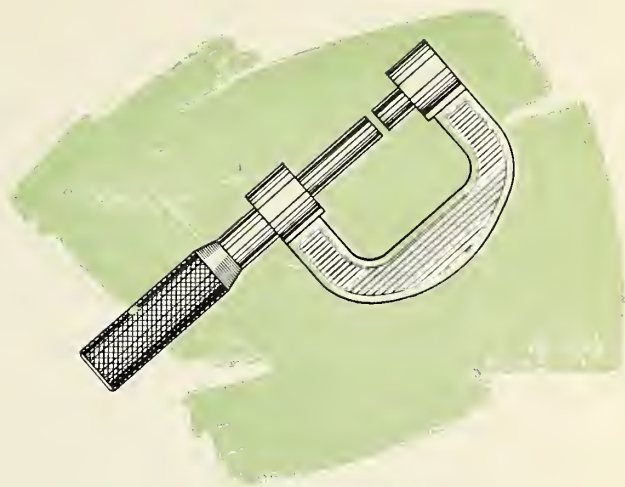
Quincy X-Ray & Radium Laboratories

(owned and directed by a Physician-Radiologist)

Harold Swanberg, B.S., M.D., *Director*

W. C. U. Bldg.

Quincy, Illinois



## Precision Instrument

When medical science developed liver therapy, it found a "precision instrument" for dealing with pernicious anemia.

But a precision instrument, no matter what its design, is only as reliable as the toolmaker who produces it. *Likewise liver extract.*

Purified Solution of Liver, Smith-Dorsey, will give you uniform purity and potency for the treatment of pernicious anemia. It is manufactured under conditions which meet strict professional requirements. Laboratories are capably staffed; facilities are modern; production is carefully standardized.

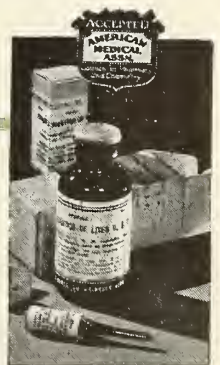
For *precision* in liver therapy, you may rely upon

PURIFIED SOLUTION OF

## Liver

## SMITH-DORSEY

Supplied in the following dosage forms: 1 cc. ampoules and 10 cc. and 30 cc. ampoule vials, each containing 10 U. S. P. Injectable Units per cc.



THE SMITH-DORSEY COMPANY • Lincoln, Nebraska  
Manufacturers of Pharmaceuticals to the Medical Profession Since 1908

**Walter J. Eilerts, M.D.**

Dr. Walter J. Eilerts, 64, who had been practicing medicine and surgery in Wichita since 1926, died at a hospital there July 9 after a short illness. He had practiced in El Dorado before moving to Wichita.

He was graduated from the National University of Arts and Sciences, Medical Department, St. Louis, Missouri, in 1915. He was a member of the Sedgwick County Medical Society and a fellow in the American Medical Association.

**William E. Janes, M.D.**

Dr. William E. Janes, 58, Eureka physician, died at Wesley Hospital, Wichita, July 5.

A graduate of the Kansas University School of Medicine, Dr. Janes had been practicing since 1918, specializing in obstetrics. He was an active member of the Butler-Greenwood Medical Society and a fellow in the American Medical Association.

**Harry L. Aldrich, M.D.**

Dr. Harry L. Aldrich, 76, pioneer Caney physician and a member of the Kansas State Board of Health, died at a Bartlesville, Oklahoma, hospital June 29. He had been in poor health for several years.

He was graduated from Hering Medical College, Chicago, in 1902, and practiced in Topeka for a short time before going to Caney in 1904. He served as a member of the Board of Health for more than 25 years, and in addition was active on city and county health boards. He was a member of the Montgomery County Medical Society. His wife, Dr. Hattie Aldrich, also a physician, had practiced with him in Caney for many years, and is now retired.

**Forrest A. Kelley, M.D.**

Dr. Forrest A. Kelley, 67, Winfield physician and surgeon for the past 35 years, died July 14 after a month's illness. He had retired from private practice in 1942 to devote full time to his work as head of the county health department.

Dr. Kelley was a graduate of the Creighton University School of Medicine, class of 1906, and served two years internship at Wichita hospital. He began practice in Winfield in 1910. He was a member of the Cowley County Medical Society.

**Joshua R. Bechtel, M.D.**

Dr. Joshua R. Bechtel, 80, who retired from active practice in Lawrence several months ago, died July 26.

A graduate of the Kansas Medical College, Topeka, with the class of 1900, Dr. Bechtel began practice immediately afterward. He opened an office in Lawrence 43 years ago and continued to practice there until his retirement.

**L. P. Ravenscroft, M.D.**

Dr. L. P. Ravenscroft, 84, one of the oldest doctors of medicine in Cowley county, died at Newton hospital June 12 after an illness of several months. For the past 27 years he had been practicing in Winfield, and before that time had practiced in the Floral community. He was active in civic affairs and had been mayor of Winfield six times, retiring in April, 1945.

Dr. Ravenscroft received his education at Ohio Medical School, Cincinnati. He was a member of the Cowley County Medical Society.

*Prescribe or Dispense*

**ZEMMER PHARMACEUTICALS**

A complete line of laboratory controlled ethical pharmaceuticals.

*Chemists to the Medical Profession for 43 years.*



*The*

**ZEMMER COMPANY**

**Oakland Station**

**PITTSBURGH 13, PA.**

KA 8-45

**10-10 PLAN**

"Face saving" encourages patients to pay to you; the reason it is possible to service this successful procedure for a very small portion of accounts actually settled within 10 days. Ask about our 10-10 Collection Plan by letter or telephone.

**ASSOCIATED CREDIT BUREAU**

SUITES 3-4, PALACE BLDG., EMPORIA

L. D. PHONE 2444

One of the bureaus of the National Association of Medical-Dental Bureaus and the Associated Credit Bureaus of America, Inc. Just good service by Kansas "boys and girls" operating one of Kansas' finest collection offices.

**PAUL O. KRUEGER, Executive Director**

**A COLLECTION SERVICE DEDICATED TO...**  
**The Medical Profession... Hospitals**  
**ALL MONEY IS PAID DIRECT TO THE CREDITOR**

A record of twenty-eight years service to Doctors, Clinics and Hospitals insures a kindly and understanding service to your debtors. . . . Since all money is paid to you, you are still guardian of your accounts and all monies. . . . You pay us commission only on such amounts as are paid to you. . . . Won't you please write for a list of our Doctor and Clinic clients and enlist our help, while the time for collections is opportune?

**READING & SMITH SERVICE BUREAU**  
 COMMERCE BUILDING KANSAS CITY 6, MISSOURI

**ALCOHOL—MORPHINE—BARBITAL**

**ADDICTIONS** Successfully Treated Since 1897—  
 Founded by B. B. Ralph, M.D.



*Write for description booklet*

**The Ralph Sanitarium**

529 Highland Ave.

Kansas City, Mo.

Telephone—Victor 4850

*Registered by the Council on Medical Education and Hospitals  
 of the A. M. A.*

**THE**  
**Lattimore Laboratories**

**TOPEKA, KANSAS**

**J. L. Lattimore, M.D., Director**

**A. C. Keith, B.S., Chemist**

**H. C. Ebendorf, M.T., Serologist**

**PATHOLOGY, SEROLOGY, CHEMISTRY, BACTERIOLOGY,  
 HEMATOLOGY AND PARASITOLOGY**

*Containers furnished upon request.*

**OFFICES:**

**Topeka, Kan.**

**El Dorado, Kan.**

**Sedalia, Mo.**

**McAlester, Okla.**

## Book Reviews

***PATHOLOGY OF LABOR, PUERPERIUM, AND THE NEWBORN.*** By Charles O. McCormick, A.B., M.D., F.A.C.S. Published by the C. V. Mosby Company, Pine Boulevard, St. Louis. (\$7.50).

***PATHOLOGY OF LABOR, PUERPERIUM, AND THE NEWBORN*** is a very readable, interesting, condensed text. The various sections are written in outline making it easy for the reader to clearly grasp the significance and scope of each subject. Interesting personal observations of the author and other authorities are injected to give color and emphasis to instruction. Where importance of the subject warrants, additional space is allotted and references to current literature are inserted appropriately throughout its text.

Illustrations are not profuse but are well selected to clarify the subject matter. The discussions of abnormal labor, Cesarean section, asphyxia neonatorum, and treatment of the newborn are unusually good. Although caution in the use of pituitrin is repeatedly made, the impression is gained that three minims is a conservative dose. More emphasis could have been made here of Dr. Lee's method of tiny trial doses of one-half to one minim used only on rare occasions. The newer features of obstetrics, vitamin K, penicillin, postpartum sterilization, erythroblastosis and analgesia are given proper space. The book is recommended as a valuable, interesting text and reference for the obstetrical student and practitioner.—Robert E. Pfuetze, M.D.

\* \* \*

***COMMON AILMENTS OF MAN (Their Prevention and Relief).*** Edited by Morris Fishbein, M.D. Published by Garden City Publishing Company, New York. Copyright 1945. 177 pages. Price \$1.00.

***COMMON AILMENTS OF MAN*** is a collection of articles written for the layman and dealing with the everyday afflictions visited upon nearly all of us at one time or another, ranging from colds, headaches, backaches, constipation and allergies to varicosities, heart disease and high and low blood pressure. The articles originally appeared in *Hygeia* and were selected for this small volume by Morris Fishbein, M.D.

The book proposes to explain to the layman the implications of his symptoms, without attempting to prescribe remedies. The articles tell the danger signals of each condition described, how to recognize the threat or presence of serious ailments, and how to prevent or alleviate indispositions.

Although the book holds little of interest to members of the medical profession, it will be a valuable addition to the household bookshelf of the average family, indicating conditions which require immediate professional care.

## Books Received

***CANCER OF THE COLON AND RECTUM.*** By Fred W. Rankin, M.D., ScD., F.A.C.S. Published by Charles C. Thomas, Springfield, Illinois. 358 pages. Price \$5.50.

***CHEMICAL FORMULARY, THE.*** Volume VII. H. Bennett, editor-in-chief. Published by Chemical Publishing Co., Inc., Brooklyn, N.Y. 474 pages. Price \$6.00.

***HAY FEVER PLANTS.*** By Roger P. Wodehouse, Ph.D. Published by Chronica Botanica Company, Waltham, Mass. Copyright 1945. 245 pages. Price \$4.75.

***MEDICAL LICENSURE EXAMINATION.*** Fifth edition revised under editorial direction of Walter L. Bierring, M.D., F.A.C.P., M.R.C.P. Published by J. B. Lippincott Company, Philadelphia. Copyright 1945. Price \$6.00.

## WARM FRIENDSHIPS

VS.

## COLD PROFITS

Every business is operated for the purpose of making a profit; however, profit does not come first with us. We would rather make less and serve better, building for the future, than to lose the good will of our customers and friends. We employ no hurried piece workers. Every pair of glasses is made by satisfied salaried workmen.

No outside capital controls our business. We are home owned, part and parcel of this community, interested in the welfare, advancement and prosperity of this district. We are your neighbors and friends, ready and willing to serve you always.

QUINTON-DUFFENS  
OPTICAL COMPANY

Your Local Independent Wholesaler

TOPEKA

HUTCHINSON  
KANSAS

SALINA



Accident, Hospital, Sick Insurance



## INSURANCE

FOR PHYSICIANS—SURGEONS—DENTISTS  
ExclusivelyAll Premiums Come from Physicians, Surgeons, Dentists  
All Claims Go to Physicians, Surgeons, Dentists

<b>\$5,000.00 accidental death</b>	<b>\$32.00</b>
<b>\$25.00 weekly indemnity, accident and sickness</b>	<b>per year</b>

<b>\$10,000.00 accidental death</b>	<b>\$64.00</b>
<b>\$50.00 weekly indemnity, accident and sickness</b>	<b>per year</b>

<b>\$15,000.00 accidental death</b>	<b>\$96.00</b>
<b>\$75.00 weekly indemnity, accident and sickness</b>	<b>per year</b>

**ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN**

43 Years under the same management

**\$ 2,700,000.00 INVESTED ASSETS**  
**\$12,700,000.00 PAID FOR CLAIMS**

\$200,000.00 deposited with State of Nebraska for  
protection of our members.

86c out of each \$1.00 gross income  
used for members' benefit

Disability need not be incurred in line of duty—benefits  
from the beginning day of disability.

**Physicians Casualty Association**  
**Physicians Health Association**  
 400 First National Bank Bldg., Omaha 2, Nebr.

## SURGICAL BRACES

*"Made as you prescribe"*

A prompt, courteous, efficient service.

One day delivery on Taylor Back Braces,  
Airplane Arm Braces, Cervical Braces.

Your inquiries will be appreciated. If  
necessary use phone or wire, my expense.

### PHONES

Business  
5-2638

Residence  
3-6379

**A. H. BOSWORTH**

416 N. Water  
WICHITA, KANSAS

## REPRINT PRICE LIST

Reprints from articles in the  
**KANSAS MEDICAL JOURNAL**

All Reprints are made the same size as  
Journal pages,  $7\frac{3}{4} \times 10\frac{1}{2}$  inches.

Transportation charges on reprints are  
to be paid by the Author

No. Copies	Pages	Without Cover	With Cover
100.....	4	\$ 9.00	\$12.25
250.....	4	9.75	14.50
500.....	4	11.00	17.50
1000.....	4	18.00	26.00

No. Copies	Pages	Without Cover	With Cover
100.....	8	\$12.50	\$16.00
250.....	8	14.00	18.00
500.....	8	16.00	23.00
1000.....	8	21.00	32.00

No. Copies	Pages	Without Cover	With Cover
100.....	12	\$16.00	\$20.50
250.....	12	18.25	23.50
500.....	12	21.25	28.25
1000.....	12	28.00	39.00

**CAPPER PRINTING CO.**

Capper Building  
TOPEKA, KANSAS

## S W O P E

### RADIOLOGICAL CLINIC

*Apparatus for our work includes the following:*

1. 440 K.V. (440,000 constant potential supervoltage) for treatment of the deepest malignancies, especially in large people.
2. 220 K.V. (220,000 conventional type) for respiratory and moderately deep tumors.
3. 130 K.V. (130,000 full wave) for fluoroscopy, radiography and skin therapy.
4. Radium, alone or as adjunct to any of the above.

We especially invite your counsel and cooperation  
when combination of surgical therapy is evident.

**OPIE W. SWOPE, M.D., FACR, Director**

Dial 3-3842

WICHITA, KANSAS

York Rite Bldg.

## AUXILIARY

### President's Message

Our vacation days are rapidly drawing to a close. We trust that they have been pleasantly restful ones for all of you. For those who were compelled to remain at home, it has been a very comfortable season with a few extremely hot days. We do hope that you have all been inspired with a renewed interest and determination to make our county auxiliaries very worth while organizations, standing ready to render any service to the medical profession for which we might be called upon. There is strength in unity, and if we develop strong, active, county units, they are bound to react as a boomerang in strengthening the state organization and will help to make this an outstanding year.

There have been such interesting and informative articles in the Journal of the A.M.A. pertaining to the Wagner-Murray-Dingell bill recently. We are hoping that you are all following them with interest and understanding. They are written in simple language and should be followed closely. In the Journal of June 30 is a letter from Senator Wagner of New York to the editor, in which he takes exception to an editorial in the Journal of June 2. In this letter, which is interpolated with comments by the editor, Senator Wagner is striving to justify himself and the 1945 version of the same bill though it is now called the Social Security Amendments of 1945. Representative Dingell of Michigan introduced a companion bill in the House (H.R. 3293) at the same time, May 24, that Senators Wagner and Murray introduced their bill (S. 1050) in the Senate. Senator Wagner states that the bill provides for "the national security, health and public welfare." The original bill having thus been revised is coming out in this new version. But do not be misled. Follow the developments and use your influence with your friends of the laity, and those related to the profession who are not familiar with the facts.

Please realize that this legislation is of vital importance to the laity as well as to the medical profession and those related to it, and lend your effort and influence to combat it. Spread these facts authentically and inform your associates of the cause and effects. We should make this our educational year in legislation, particularly as it pertains to the medical profession. Let's help to provide places of security for our 400 or more returning Kansas physicians who left their homes and practices to enter the armed forces.

We should exert every effort to increase our membership both in organizing new auxiliaries and with members at large. See that each member is equipped with her guide book, the Bulletin. Of course, we are always concerned with the health and nutrition of our families, so will need the valuable and authentic help found in Hygeia. It is a thoroughly reliable health magazine published by A. M. A. and edited by Morris Fishbein, M.D. We should feel it a personal responsibility to see that it is placed in schools, libraries, doctors' offices, beauty parlors, USO's, and all other public places where the public may have access to it and receive its benefits.

A membership drive should be conducted in September in order that every eligible doctor's wife may be enrolled and receive the benefit of a full year's program. Some of our wives do not know that they can become members if not in an organized Auxiliary. Invite them to become members at large at least for the duration. The councilors

will have a heavy responsibility in the organization of new auxiliaries and enrollment of new members. Knowing Mrs. Leo J. Schaefer, state chairman of organization, with her unlimited supply of energy and ingenuity, you will have work to do, and success to you. We made such a splendid growth last year. Let it be an inspiration to continue. Let us have more organized Auxiliaries with a larger and better informed membership. What a sense of security the husbands who are now in service will feel to come back home, find their wives organized into a group who are ready and waiting to extend any possible service to benefit them.

The fall Board meeting will convene on the 26th and 27th of September. It was necessary to change the dates due to a conflict of meetings. Please make a note of this fact. The Board members will be the guests of your president in the Porter Hotel in Beloit, where the meeting will be conducted also. We hope that travel restrictions will not prevent any one of you from attending. We always profit from the experiences of others, and it creates a greater personal interest when we know each other.

We expect to be able to distribute the Year Books at that time and hope to have some constructive material from the National organization to guide us in planning our year's work in accordance with suggestions from them.

Please call on us for any assistance we may be able to give at any time.

Yours to serve,  
Mrs. Hugh A. Hope.

### Organization

According to the Constitution and By-laws, the retiring state president becomes chairman of the committee on organization and is assisted by the following members: president-elect, first vice president, and second vice president, and the twelve councilors. The purpose of this committee is (1) to increase membership in the Auxiliary, (2) to organize county auxiliaries.

The Auxiliary situation in Kansas is as follows:

Counties in State.....	105
59 counties have 458 members	
46 counties have 0 members	
Medical Societies in State.....	73
15 societies have auxiliaries	
58 societies do not have auxiliaries	
Auxiliary members 1944-45 .....	458
414 members belong to organized auxiliaries	
44 are members-at-large	

With the above outline before us there is a large open field for the organization committee. Difficulties due to the war have made it impossible for the Medical Societies in the rural areas to meet regularly, but when normal times return let us hope to have an auxiliary in every Medical Society. Until that time if every physician's wife would become a member-at-large, our post-war plans would materialize rapidly. To be a part of the auxiliary, to learn to know the other members, is a real pleasure—ask anyone who attends county and state meetings regularly. Detailed instructions will be sent to all members of the committee the latter part of August so you may contact the members in your assigned districts.

Wonder what would happen if each member would assume as her goal one new member, thus making the membership 916 next year instead of 458? I am an adopted Kansan, not from Missouri, but am willing to be shown.

Mrs. Leo J. Schaefer,  
State Chairman.

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

SEPTEMBER, 1945

Number 9

## EPIGASTRIC HERNIA: A FACTOR IN UPPER ABDOMINAL DIAGNOSIS

Glenn R. Peters, M.D., and C. C. Nesselrode, M.D.

Kansas City, Kansas

Search of the literature and of standard textbooks of surgery reveals a definite lack of information on epigastric herniae. Although the lesion is fairly common it too often is overlooked and the patient's symptoms are attempted to be explained on some other basis. In fact, a well known authority<sup>1</sup> believes the symptoms occurring in persons having an epigastric hernia can be explained on the basis of other existing pathology and that those ascribing symptoms to this type of hernia are conferring "a dignity and importance on epigastric hernia that it does not deserve". We have had some very interesting experience with epigastric hernia in the past few years and feel that it must be considered as a factor in making a diagnosis of upper abdominal symptoms. We have reviewed some of the literature and summarized 28 cases which have been operated upon at St. Margaret's Hospital from 1934 through 1942, in an effort to learn the symptomatology and incidence of these defects.

### ANATOMY

An understanding of the anatomy of the region involved in epigastric hernia is necessary if one is to understand the structure of them. The aponeurosis of the external oblique, internal oblique, and the transversalis muscles meet in the midline of the abdomen to form a relatively avascular, dense structure which is termed the linea alba. Blood vessels and nerves pierce this structure usually to one side or another and carry with them a prolongation of the transversalis fascia. These openings, therefore, are potentially weak spots. These vessels are usually branches of the lower intercostal vessels and after penetrating the fascia supply the preperitoneal fat and peritoneum. The great mass of preperitoneal fat is usually massed about the falciform ligament of the liver which is the obliterated remnants of the umbilical vein. An increase in the intra-abdominal pressure may then cause a tearing of the fibers of the fascia at the weakened points where it is pierced

by the vessels and allow a tab of the preperitoneal fat to protrude through the hernial opening. These defects usually occur to one side of the linea alba because of the density of this structure but may occur at the lateral border of the rectus muscle. In fact, one of the cases included in our study was a lateral rectus hernia apparently arising from a defect in the transversalis fascia near the midline. As the hernial opening enlarges the fat tab carries with it the subjacent peritoneum resulting in the formation of a hernial sac as in the more familiar type of hernia. Abdominal contents in turn may be pulled into the sac. Thus we have, on an anatomical basis, two types of epigastric hernia, those consisting merely of a preperitoneal fat tab and those having a peritoneal sac, with or without abdominal contents. In our series 17 of the 28 had a peritoneal sac, 10 consisted merely of a preperitoneal fat pad, and one did not explicitly state the structure. Seven of the 17 had omentum attached. No other abdominal contents were present. Luke reports 20 peritoneal sacs present in 33 cases operated, with seven of them containing omentum.

### INCIDENCE

Epigastric herniae are generally considered to be acquired and never or seldom to be congenital. They occur most frequently in men who are accustomed to and do hard labor. Of our series 12 cases occurred in men who could be classed as laborers. The incidence of this hernia as to sex usually shows a preponderance of men. In our series 18 cases occurred in men and nine in women. Luke<sup>2</sup> reports 42 males out of 46 subjects and Friedenwald and Morrison<sup>3</sup> 59 males in 65 cases.

The average age of our series was 37.3 years, the oldest patient being 60 years of age and the youngest four months. This compares with 42.4 years average as given by Luke and 45.0 by Iason<sup>4</sup>.

Of the nine women operated, six of them had child labor with the resultant increased intra-

abdominal pressure as a possible causative factor. Diastasis recti is not to be confused with epigastric hernia following childbirth. This condition is due to the widening of the linea alba allowing the recti muscles to separate and there is no hernial defect in the fascia.

Of the 28 cases we are reporting, seven of them had or had suffered from hernia of another region. The inguinal type was the predominating associated hernia.

During the same nine-year period a total of 816 cases of hernia were operated which gives an incidence of 3.4 per cent epigastric hernia. The most commonly quoted figures are those of Berger<sup>5</sup> which are given as .03 per cent. All of our figures are based on operative reports and thus is an incidence as seen at operation and not a true incidence of occurrence.

#### SYMPTOMS

As mentioned in an earlier paragraph there has been some controversy as to the symptomatology of epigastric hernia. A great many of them are, of course, asymptomatic. These are the type picked up on routine physical examination as a prelude to employment and consist usually, as has been stated, of preperitoneal fat or a hernial sac into which abdominal contents have not found their way. It is surprising the number of herniae that are found when the examiner is "epigastric conscious".

Those herniae giving rise to complaints give variable and inconstant symptoms, and may simulate many intra-abdominal lesions. Pain was the most common complaint in our study, being present in nearly all of the cases. The degree of severity of the pain varied from the acute type generally seen as a result of ruptured viscus to the gnawing nagging pain described by peptic ulcer patients. Nausea was the rule and vomiting occurred in a large percentage of cases. Indigestion or dyspepsia was noted by several. Of the objective symptoms the most obvious was the presence of a bulging mass in the midline between the xiphoid and the umbilicus. Tenderness on palpation over the hernial defect was an almost constant symptom even in those cases without appreciable bulging. Indeed, Moschcowitz<sup>6</sup>, one of the earliest writers on epigastric hernia, described this tenderness on palpation as a constant symptom and he depended a great deal on this point in making his diagnosis. In making the examination for epigastric hernia the patient should be standing in an oblique light and be asked to cough while the examiner is palpating and inspecting the suspected area.

Moschcowitz<sup>6</sup> believes that epigastric herniae have a very definite symptom complex and that many patients were treated for gallbladder disease and peptic ulcer, when, in reality, they were suffering from

epigastric hernia. In a later publication Friedenwald and Morrison<sup>3</sup> were struck by the fact that the gravity of the symptoms were so much out of proportion to the physical observations. Charlton<sup>7</sup> reports a case of epigastric hernia causing severe symptoms simulating a ruptured viscus and proven at operation. It was such a case as Charlton's that first directed our attention to epigastric hernia symptomatology.

Last fall a 24-year-old white male was admitted to the hospital because of severe upper abdominal pain. He was feeling well on the day preceding his admission, in fact, had worked as a laborer until midnight, then went home, ate a light supper and retired. He was awakened about seven hours later with a severe pain which he localized in the epigastric region. Various methods of relief were tried at home, but without success, and he was brought to the hospital. He was nauseated, but had not vomited. On questioning him it was learned that he had experienced some vague abdominal discomfort for a period of a year or more, and had been placed on a modified diet and powders. He experienced some relief but was not entirely free of pain, but had no severe episodes.

Physical examination on admission revealed a robust young man apparently in acute pain. He was rolling about on the bed and frequently bent forward so his chest was touching his knees. He was bathed in a cold perspiration. The temperature was subnormal, pulse retarded and blood pressure depressed. The picture was that of a mild shock. Great difficulty was experienced in examining his abdomen due to his aversion to the supine position. The abdomen was rather obese and quite rigid. The rigidity seemed to be somewhat voluntary as at times the muscles would relax. Any attempt at examination would cause muscular contraction. Urinalysis was negative, the white blood count was 20,000 with 73 per cent polys. Although the picture was that of a ruptured viscus, several factors were against that diagnosis. A period of waiting was decided upon and opiates were given for relief of pain. Examination in 24 hours revealed a soft, relaxed abdomen and a small epigastric hernia which was tender to palpation. Operation was decided upon, exploration of the abdomen was negative and the hernia was repaired. An uneventful recovery ensued and the patient has remained well.

#### DIFFERENTIAL DIAGNOSIS

Of our cases one is struck by the similarity of the history given to the history of a peptic ulcer, although x-ray examination and subsequent exploration at operation failed to reveal the presence of a gastric or duodenal lesion. Another case gave a history of gallbladder disease and on cholecystography

revealed a non-functioning gallbladder which was removed at the time of operation. Six cases gave a history of appendicitis typical enough that the operator felt justified in doing an appendectomy at the time the hernia was repaired. It is significant, we feel, that only one of the appendices was reported as acute by the pathologist. These are the more common associated abdominal lesions as reported by most authors.

Sullivan and Antupit<sup>8</sup> relate three cases of epigastric hernia giving gastrointestinal symptoms which were relieved by operation for repair of the hernia. Lewishon<sup>9</sup> relates an interesting series of cases in which epigastric hernia accompanied an ulcer of the stomach, carcinoma of the stomach, duodenal ulcer, cholelithiasis and of chronic appendicitis. He particularly emphasizes the importance of a thorough examination before operation and exploration of the abdomen at the time surgery is performed. Otherwise he concludes that many intra-abdominal conditions will be passed over in the mistaken belief that the epigastric hernia is the sole cause of the patient's complaints.

Pemberton and Curry<sup>10</sup> reviewed 296 cases of

epigastric hernia operated at the Mayo Clinic. Of the patients giving visceral symptoms only 22 per cent got relief from an operation on the hernia alone, as compared to 72 per cent relief of those operated for hernia and a visceral lesion as well. They conclude that no group of visceral symptoms can be said to be typical of epigastric hernia.

The decision as to whether an epigastric hernia is the seat of the patient's complaint would seem to lie, then, upon the findings of the symptoms heretofore elaborated. A careful examination before operation and exploration of the abdomen is necessary to rule out the presence of visceral pathology accompanying the hernia. Lesions of the stomach, duodenum, gallbladder, colon and appendix are the more common associated lesions and are to be eliminated before being satisfied that your patient will be cured by repair of the hernia alone.

#### CONCLUSIONS

We have reviewed the literature and a series of 28 cases of epigastric hernia. It has been striking the number of instances in which the clinical picture is that of some intra-abdominal lesion. In the final analysis, the epigastric hernia has apparently been

#### INCIDENCE OF EPIGASTRIC HERNIA

No.	Age	Sex	Race	Duration Symptoms	Sac	Contents	Associated Hernia	Associated Visceral Lesions
1	32	F	W	1 year	Yes	Omentum	No	No
2	29	M	W	2 years	No	No	No	No
3	26	F	W	3 months	Yes	No	No	No
4	22	M	W	3 months	No	No	No	Acute appendix
5	33	M	W	1 month	Yes	Omentum	Inguinal	No
6	33	M	W	1 month	No	No	No	Chronic appendix
7	55	M	W	1 month	No	No	No	No
8	55	M	W	12 years	Yes	Omentum	No	No
9	38	M	W	1 week	Yes	Omentum	Inguinal	No
10	33	M	W	5 years	No	No	Inguinal	Chronic appendix
11	50	F	W	22 years	Yes	Omentum	No	No
12	41	F	W	1 week	Yes	Omentum	No	Fibroid uterus
13	36	F	C	5 years	No	No	No	No
14	59	M	C	5 years	Yes	Omentum	No	No
15	33	F	C	4 months	??	??	Umbilical	Chronic appendix
16	24	M	W	1 year	No	No	No	No
17	16	M	W	1 month	Yes	No	No	No
18	37	F	W	2 years	Yes	No	Umbilical	No
19	58	M	W	???	Yes	No	No	No
20	60	M	C	2 months	Yes	No	No	No
21	55	F	W	15 years	Yes	No	No	Chronic cholecystitis
22	47	M	W	15 years	Yes	No	Umbilical	Chronic appendix
23	39	M	W	1 year	Yes	No	No	No
24	4 mo.	F	W	3 months	No	No	No	No
25	43	M	W	???	No	No	No	No
26	41	M	W	19 years	No	No	No	No
27	24	M	W	1 day acute	Yes	No	No	No
28*	28	M	C	4 years	Yes	No	Inguinal	Chronic appendix

\*Right Rectus Hernia arising from defect just to right of linea alba.

the site of the trouble. There are those who believe epigastric hernia is relatively asymptomatic, but we believe, after studying our series of cases, that symptoms can be caused by epigastric hernia and that those symptoms are relieved by repair of the hernia.

SUMMARY OF CASES

Number Cases	28	Luke <sup>2</sup>	46
Male	19		42
Female	9		4
Average Age	37.3		42.4
Average Duration Symptoms—Years	4.4		5.2
Associated Hernia	7		10
Cases operated	28		33
Sac Present	17		20
Omentum Present	7		7
Associated Visceral Lesions	8		16

BIBLIOGRAPHY

1. Gilbride, J. J.: Discussion, J.A.M.A. 87:1470 Oct. 30, 1926.  
2. Luke, J. C.: The Significance of Epigastric Hernia, Can. Med. Association Journal 39:149 Aug. 1936.  
3. Friedenwald, J. and Morrison, T. H.: Epigastric Hernia—A Consideration of Its Importance in the Diagnosis of Gastrointestinal Disease, J.A.M.A. 87:1466 Oct. 30, 1926.  
4. Iason, A. H.: Hernia, The Blakiston Company, Philadelphia 1941 pg. 872.  
5. Berger, Hernia, The Blakiston Company, Philadelphia 1941 pg. 872.  
6. Moschocowitz, A. V.: Epigastric Hernia Without Palpable Swelling Ann. Surg. 66:300 1917.  
7. Charlton, M. R.: Epigastric Hernia Causing Severe Symptoms Amer. Jour. Surg.: 36:703 1937.  
8. Sullivan, D. F. and Antupit, L.: Epigastric Hernia in Its Relation to Intra-abdominal Disease, Ann. Surg. 86:415 Sept. 1927.  
9. Lewisohn, R.: The Importance of a Thorough Exploration of the Intra-abdominal Organs in Operations for Epigastric Hernia Surg. Gyn. & Obst. 32:546 June 1921.  
10. Pemberton, J. J., and Curry, F. S.: The Symptomatology of Epigastric Hernia an Analysis of 296 Cases Minn. Med. 19:109 Feb. 1936.

PREVENTIVE PSYCHIATRY

F. A. Carmichael, M.D.\*

St. Joseph, Missouri

Admittedly, the greatest accomplishment of medicine over the past half-century has been in the field of prevention. It is a striking fact, however, that throughout these years of achievement the profession has held tenaciously to the concept of the dichotomy of mind and body and has stood by in apparent impotence while the tide of mental invalidism has progressively risen until today we find, according to hospital statistics, that only 350 of every 100,000 of our population are hospitalized yearly in the hospitals devoted to the treatment of somatic disorders, while 500 of every 100,000 are yearly invalidated by totally disabling mental or nervous disorders; and that yearly there are admitted to our institutions devoted to the care and segregation of mental cases 100,000 unfortunates suffering from major psychoses while 750,000 more develop totally incapacitating minor psychoses not requiring segregation.

The above would indicate the vast disparity in numbers of those limiting their practice to nervous and mental conditions and those devoting their effort to the treatment of physical disorders. Moreover it tends to emphasize the reluctance of the profession to recognize mental disorders as the greatest single invaliding factor in our health problem of today. The pitiful fewness of the physicians who are devoting their energy and effort to a study of these conditions may account for the progressively rising curve of this type of invalidism.

Are mental disorders preventable? If so, in what way and to what degree can they be prevented? Will their prevention require special skills or techniques? These are questions that challenge the skill and resourcefulness of the profession. Beyond the horizon

of medical achievement lies the vast unexplored domain of the mind and its function as the adjusting mechanism of our turbulent emotional cross currents, our urges and inhibitions, our drives and frustrations, our fears and longings and the inter-personal conflicts that unconsciously motivate our behavior and determine our reaction to the stresses of life.

The doctor is supposed to understand his case but understanding it is not limited to a knowledge of the pathology or to methods of dealing with the physical symptoms by which it is expressed. All too frequently no organic pathology can be determined although suffering is evident. Then we must deal with a more complex morbid entity, the individual in the totality of his emotional reactions. This vast almost unexplored field is the last frontier to the conquest of which the mind and energies of the medical profession should be directed. As the greatest single factor in human invalidism it cannot longer be ignored. Nor can we justify our past attitude of impotency in dealing with the problems, medical, sociologic and economic, resulting from it.

It will be recalled that the Civil War with its mangling nerve injuries gave a tremendous impetus to the study and repair of nerve injuries. That was the foundation for our marked advances in the field of neurology. Similarly, World War I made us conscious of the necessity of considering the mental as well as the physical fitness of those entering the armed forces but not nearly conscious enough to prevent the induction of many who were actively or potentially psychotic, an oversight that has cost the Government over a billion dollars in the past 25 years. Eighty-five per cent of those hospitalized

\* Superintendent, State Hospital No. 2.

never qualified for military service but were eliminated from the training camps because of mental or nervous unfitness. Nor did the federal government assume full responsibility for their care. A considerable portion are still maintained in our state hospitals, contributing to their over-crowding to the detriment of service to our civilian population, either because they were prematurely discharged from veterans' hospitals, because beds were unavailable or because guardians or relatives were uncooperative in facilitating federal hospitalization. The present world conflict with its revolutionary transition to air and mechanized warfare has emphasized the necessity for a discriminating evaluation of mental and nervous factors in those entering the armed forces.

The realization is inescapable that mental stability under stress is a more important factor than strong arches or perfect teeth, that the ability to think quickly in an emergency is more important than to be able to march 25 miles under a full pack, and that to be able to successfully withstand a war of nerves is fully as necessary as capacity for physical courage and endurance. This realization emphasizes the imperative need of further research in the field of mental disorders, not by any special group but by the entire medical profession and those engaged in the field of medical research. Prevention is the first step. Its biological aspects are problems for the research worker. The clinical contribution to prevention will be made by the family physician, the pediatrician and those engaged in the various specialties who are usually the first to contact such patients. Their careful study and sound advice will be a significant contribution to both the prevention and the arrest of functional mental disorders in their incipient stages. While the newer therapies have in recent years made possible the restoration to normal health and efficient economic functioning of many who were previously regarded as hopeless, there is still a lamentably high percentage who fail to respond to treatment or who experience only partial relief from their disorders.

Most of us find it impossible to escape the theory of cause and effect or form a conviction that distortions of thought and behavior are primarily dependent on organic or functional factors as yet undiscovered but which future research may be expected to reveal. This is a simple and tenable formulation. Upon its validity, which the profession must prove or disprove, rests the question of preventability as well as of cure of the functional psychoses. The notable service rendered to humanity by those working in the research field, particularly bacteriology, in establishing the cause of many of our physical diseases, pointing out the way to methods of prevention such as adequate quaran-

tine regulations, immunization, prophylaxis and other measures accruing from the discoveries of Jenner down to the present rarely receives that degree of appreciation to which it is entitled. The contributions of Pasteur, Koch, Klebs, Noguchi and an army of other investigators have established means of combating the most common and prevalent types of organic disease and have brought about an almost complete immunity of the present generation to disease scourges that half a century ago plagued communities with morbidities and mortalities from which escape seemed impossible.

Those concerned in the study of problems of mental disorder are awakening to the fact that if this particular source of invalidism is to be successfully combated, measures looking toward its prevention must be instituted. With over one-half of the hospital beds of our nation occupied by those suffering from nervous and mental disorders and approximately one-third of the hospital beds of the entire nation occupied by those suffering from a single specific type of mental disease we cannot fail to be impressed with its importance. To the half million segregated sufferers from mental illness that this nation is supporting today we may add another five million of those suffering from neurotic disorders not sufficiently severe to demand segregation but invaliding to the extent that the individual becomes an object of public support, unable to make his or her contribution to national economy. Of the one million twenty-seven thousand hospital beds in the United States, four hundred ninety-eight thousand are in constant use in the care of mental and nervous cases. Of the remaining five hundred twenty-eight thousand beds, not more than seventy per cent are occupied at any one time in peace time.

Thus it may be seen that mental disease becomes an economic factor that should engage our serious consideration, as the financial burden such invalidism imposes becomes a tax on public revenue to which we must all contribute. Therefore, the problem of the mentally ill is not a problem in which the medical profession alone is concerned; it is a public calamity, a problem for the sociologist, the psychologist, as well as the medical specialist.

Very few of these cases come directly to the care of a psychiatrist. Most of them are referred by the internist, surgeon, or other type of specialist who recognizes in these morbidities the type of disorder demanding treatment by special methods.

The imperative necessity of measures looking toward the prevention of a disorder of such prevalence and such serious character cannot escape recognition, not only in relation to those asocial conditions that lead to mental invalidism, but also in regard to those exhibiting antisocial trends. Deviates exhibiting qualities of waywardness, incorrigibility,

behavior disturbances or delinquency in early life require special attention lest proclivities inimical to the welfare of the individual and society alike crystallize into antisocial types and become aligned with our already too large array of criminal personalities, as crime is another factor in our social cosmos seriously affecting our social and economic life. The Federal Bureau of Investigation recently stated that the yearly crime bill for the nation was estimated at fifteen billion dollars which represents \$10 per month for every man, woman and child in the nation. We are therefore deeply concerned at this time in a program of prevention not only of mental disorders resulting in complete and protracted invalidism but in those deviations from the normal trend of thought and activity appearing in early life that are the precursors of social delinquency, dependency, or crime.

In any program of prevention of invaliding disorders the medical profession may be depended upon to stand as a solid unit and in the problem we are facing in reference to mental invalidism no effective program can be initiated or carried out without the most generous sponsorship and assistance of the profession. In the promulgation and launching of such a program the assistance and loyal support of the medical profession of the nation will, I feel assured, be given in the same spirit of generous helpfulness as other beneficences that medicine has unselfishly contributed to human health and happiness.

It has been definitely established that the foundation for many of our psychotic and criminal types can be readily traced to early childhood departures from normal trends of behavior. Pediatricians were among the first to recognize the necessity for early guidance in the training of children in normal and healthy channels of thought, finding this essential in the development of an effective and properly balanced adolescence and an insurance against the development of antisocial trends leading to delinquency and crime.

There is nothing to justify the feeling that the prevention of mental disorders is more difficult than the prevention of many other conditions that have apparently been completely conquered through research. From the time of the discovery of the tubercle bacillus by Koch the preventability of this disorder was established. When the spirochaete of syphilis was identified by Schaudinn it was known

that this was a preventable disorder, yet it has taken more than thirty years to establish an effective anti-tuberculosis campaign that has reduced a mortality that was 200 per 100,000 in 1900 to 53 per 100,000 in 1935 and it was thirty-five years after the discovery of the infective organism before any effective effort to stamp out syphilis was undertaken.

It would seem reasonable that a preventive program looking toward the limitation of mental disorders with their vague and baffling etiologic factors may be expected to be received with misgivings by the public and it will doubtless take many years of educational effort to secure that wholehearted cooperation necessary to accomplish preventive measures in the establishment of means and methods whereby the present influx of deviates may be definitely reduced.

Perhaps as great or a greater accomplishment may be effected in relieving the conditions manifested by the so-called border-line group made up of the psychoneuroses, milder behavior deviations and evidences of social or economic maladjustment which at times are as disabling as the frank psychoses and include hysteria, morbid compulsions and tensions, psychic invalidism, sexual deviation and incapacities, and neurasthenia. With this latter group those in the general field of medicine are quite familiar and the wailing of the individual who complains of a multitude of distressing and disabling symptoms for which no pathological background can be discovered makes life a burden to the physician who attempts to minister to his ills. In this group more than any other preventive psychiatry, not necessarily administered by the psychiatrist but implemented upon a more understanding concept on the part of the general practitioner or specialist of the total personalities with which he deals, will do much to limit the incidence of these disorders. Before we can expect the general profession to become interested in problems of emotional and behavioral departures from the normal the terminology of psychiatry should be reduced to plain understandable terms that are sufficiently descriptive to carry a definite meaning. Academic dissertations that seemingly have as their objective not the clarification of the problem but a play on high sounding terms and nebulous theorizations without conclusions based on determined facts will neither prove interesting to the average physician nor encourage him to devote more time to a study of these problems.

A negative word should be said about the use of sulfonamides in the treatment of active rheumatic fever or chorea. As early as 1938, Massell and Jones, Coburn, Swift and others reported series of acute rheumatic fever treated with sulfanilamide. Without exception, all groups of investigators found that not only were cases not helped, but

almost invariably the rheumatic fever was intensified and that toxic reactions occurred in a much larger group of cases than occurred in the usual use of sulfonamides in general infections; particularly was this true as regards fever, skin manifestations and anemia.—Alfred W. Harris, M.D., in Texas State Journal of Medicine.

# SCHEDULE FOR SUPPLEMENTAL DIETS INCLUDING RATIONED FOOD

Mr. R. S. Fanestil, district food rationing officer, approached the medical society some time ago with a request that a committee be appointed to establish a schedule for supplemental diets that would be made uniform throughout the state. He pointed out that the Office of Price Administration has no desire to interfere with a doctor's dietary treatment but that the numerous unusual requests for additional rationed foods had created a complex problem that the rationing board was unable to solve without assistance from the medical profession.

It is the wish of the OPA to allow all necessary diets, and it has therefore asked the medical profession to set up its own standards. In spite of the surrender of Japan and certain relaxations in the rationing program, it is believed that sugar and meat will probably be rationed for some time to come and that the following schedule will continue in force until all controls have been released.

A committee from the medical society has studied

this problem and prepared this schedule. They wish to announce that a great deal of assistance was received through the Detroit Medical Society and that many of the diets mentioned below have been adopted from that source. The committee also wishes to express its appreciation to the food rationing office and to Mr. Fanestil for his cooperation and assistance.

For any patient requiring a special diet of rationed foods, the following table will be effective as the maximum allowable. For any diet not included here, special approval must be obtained.

In that case the doctor will write a prescription stating the number of pounds of meat requested per week, and the ration board will translate this into points. He will give the name of the patient, a one-word description of the illness, and the length of time the diet is to remain unchanged. Special forms are available at the local rationing office if these are preferred.

No Special Diet Recommended		<i>Meats and Fats</i>		<i>Meats and Fats</i>	
Pregnancy (Unless complicated. Then prescribe according to the condition present)		<i>Pounds Per Week</i>		<i>Pounds Per Week</i>	
Cardio-Vascular Diseases		Diverticulosis of Colon or Duodenum	4	Silicosis	6
Prostate Diseases (except cancer)		Colitis	4	Fungus Infection	6
Cystitis		Sprue	6	Emphysema	6
Pyelitis		Nervous Indigestion	3	Pulmonary Tuberculosis	6
Pyelonephritis		Nervous Dyspepsia	3	Suppurative Diseases	
Fractures		Gall Bladder Diseases	6	Osteomyelitis	5
Arthritis, Rheumatism, Neuritis		Cholecystitis	6	Chronic Bone Disease	5
Hay Fever		Jaundice	6	Abscess	5
Epilepsy		Gall Stones	6	Peritonitis	5
Pemphigus		Cirrhosis of the Liver	6	Allergy	
Cerebral Hemorrhage		Genito-Urinary Diseases		Asthma	6
<i>Meats and Fats</i>		Bright's Disease	5	Urticaria or Hives	6
<i>Pounds Per Week</i>		Chronic Nephritis	5	Angio-Neurotic Edema	6
Basic Guide		Glomerula-Nephritis	5	Eczema	6
Malnutrition, Underweight	5	Arteriosclerotic Nephritis	5	Endocrine Diseases	
High Caloric	5	Nephrotic Type of Nephritis	6	Addison's Disease	5
Reduction	6	Nephrosis	6	Hyperthyroidism	5
Low Residue	4	Blood Diseases		Toxic Goiter-Nodular Goiter	5
Modified Ulcer	3	Anemia, all types	6	Hypothyroidism	6
High Protein and Low Carbohydrate	6	Leukemia, all types	6	Acromegaly	6
Diabetic Diets		Purpura	6	Gout	3
P 60-F 75-C 150	4	Hodgkin's Disease	6	Miscellaneous Diseases	
P 70-F 100-C 150	6	Lympho Sarcoma	6	Hyperinsulinism	6
P 80-F 100-C 150	7	Respiratory Diseases		Post operative cases with debility	5
P 90-F 150-C 150	9	Empyema	6	Aged debilitated persons	5
P 100-F 150-C 150	10	Lung Abscess	6	Debility following acute illness	5
Gastro-Intestinal Diseases		Pneumonia	6	Pellagra	5
Ulcer-Stomach, Gastric, Duodenal,		Bronchiectasis	6	Cancer, Sarcoma, Malignancy,	
Marginal	3	Chronic Bronchitis	6	Carcinoma, Epithelima	5
Gastritis	3	Pleural Effusion	6	Bed Cases.....Name Disease	
		Malignancy of Lung	6		
		Blastomycosis	6		

## PRESIDENT'S PAGE

*To The Members of The Kansas Medical Society:*

In our last bulletin we advised you that your president had been directed by the Council to appoint a committee which would draft a panel based on the one outlined by the Kansas Physicians' Service, but of a much greater scope. This committee has now been appointed. It hopes to have the panel ready for submission to the Council before the national meeting convenes.

Your president feels that, with the cessation of fighting and with the resultant changes in the nation's economic life, socialized medicine in some form is just around the corner. Only today leaders of the American Federation of Labor have announced their approval of the Wagner-Murray-Dingell bill. During the war many private citizens received benefits from health insurance of various types and the majority favor a continuance of some type of health insurance. It is also my understanding that President Truman is said to be planning a broader social security program. All of this may be brought to a climax at the big government-labor-industry conference in September.

This tendency to socialize medicine has been growing at a time when we were all too busy with our own private practices to keep abreast of the situation and at a time when sixty thousand of our conferees were still in military service. It is imperative that we all wake up to the fact that some form of prepaid medical service must be recommended for a national bill. A new medical order is inevitable. Whether we cling to the old order or whether we create a new one is not the question. The question is rather what sort of a medical order is it going to be and whether it is the best that we can devise.

The problem is a serious one and must be attacked by the best understanding that medicine can bring to it. I am urging every one of you who may have any suggestion to send it in immediately so that our committee may give it careful consideration. Let us all get behind this problem and let us endeavor to go forward together.

*Sincerely yours,*

A handwritten signature in cursive script, reading "W. H. Allen, M.D.", written in dark ink.

President

## EDITORIALS

### The Soft Answer

Elsewhere in this issue is reprinted the platform of the A.M.A. Council on Medical Education and Public Relations. The dignity of the American Medical Association is reflected in these "14 points". But there is also an interest, new to the parent organization, in the economics of medicine.

If not new, interest is translated into practical terms so this document may well have a value out of proportion to its intrinsic worth in that the "14 points" may presage a new era for the A.M.A. It may be a soft answer, but it is tangible. It may not have gone as far as some doctors would like, but when has this degree of realism been approached before? It may not offer a Utopia to medicine, but certainly it points the way toward improvements. And we wish to commend the Council for its courage.

Included is an ingenuous commentary on the fact that the problem of national health involves more than merely the supply of physicians. Approval is given voluntary pre-paid plans for medical and hospital care. Medical education, public instruction and post-war planning are the remaining major considerations.

The section on politically engineered medical changes is surprisingly pacific, which some persons believe should have been strengthened. The somewhat equivocal way in which problems pertaining to public agencies are left hanging has also been criticized. Similarly has the omission of specific items been deplored and the failure to declare means for accomplishing these goals.

Right or wrong, consideration should be given certain possible effects of this declaration that are not necessarily apparent in the text. In more than one instance has defeat been changed into victory through the use of no weapon other than time. A pitched battle today on the question of federally controlled medicine would be fought on enemy territory and under certain other disadvantages. It is not impossible that a delay in this decision might provide the medical profession more favorable circumstances. Therefore the soft answer to social planners need not necessarily indicate weakness on the part of the A.M.A.

Failure to include certain items may also be deliberate. A program is governed by the interpretation that is placed on its announcement and on the expansive inclinations of its authors. There is no reason to stop at 14 points except that an ending was required some place. Moreover, these 14 points

might be grouped into five major categories without sacrificing the identity of any of them. Reversing the argument, these may easily be construed to take in more territory than implied by a literal interpretation.

Perhaps the A.M.A. should have pointed the way for establishing these principles, but on the other hand the states have a responsibility also. It might well be that the states should work out their own solutions and Kansas, for one, would certainly prefer to have a voice in its destiny.

So, all in all, the 14 points represent a long stride in a new direction. If they are not all that might have been desired, if the soft answer is somewhat less emphatic than might have been used, at least a beginning has been made. And a very good beginning which will flourish to become increasingly effective as doctors all over our nation provide the necessary vitality for its growth.

### Board Postpones Examinations

The American Board of Ophthalmology has announced that transportation difficulties have caused postponement of the examination scheduled for Chicago in October. That examination will be given January 18 to 22 inclusive.

The board's 1946 schedule provides for examinations in Los Angeles January 18 through January 22, in New York in May or June, and in Chicago in October.

### Course in Clinical Allergy

The School of Medicine, University of Pittsburgh, will offer an orientation course in clinical allergy under the sponsorship of the American Academy of Allergy for five days, October 1 to 5, 1945, inclusive, at the School on Bayard Street, Pittsburgh, Pennsylvania. Registration for evening round table conferences will be only by special arrangement. The fee for veterans, service men, and residents is \$10, and for all others \$40. Inquiries should be addressed to William S. McEllroy, M.D., dean of the school.

### To Establish Mental Ward

Plans are now being completed to provide the University of Kansas hospitals with enlarged facilities for the treatment of mental patients and for the instruction of medical school students in the specialized line. Workmen are now converting a former convalescent ward into a psychiatric ward, equipped to serve about 25 patients at a time, and it is thought that the conversion will be completed October 1.

The addition of the ward was made possible by a \$10,000 appropriation granted by the last Kansas legislature for remodeling and equipment. Another bill gave the probate court authority to send a person to the school of medicine for diagnosis and recommendation as to whether or not he should be committed to a state institution. The new facilities will be used primarily as a diagnostic center, and it is planned that patients will be short-time patients.

Organization of the staff has not been completed, but it will be directed by members of the neurology and psychiatry department of the school of medicine, who will also serve as instructors.

# CONSTRUCTIVE PROGRAM FOR MEDICAL CARE

## AMERICAN MEDICAL ASSOCIATION

This platform was adopted by the Council on Medical Service and Public Relations and the Board of Trustees of the American Medical Association on June 22, 1945.

### Preamble

The physicians of the United States are interested in extending to all people in all communities the best possible medical care. The Constitution of the United States, the Bill of Rights and the "American Way of Life" are diametrically opposed to regimentation or any form of totalitarianism. According to available evidence in surveys, most of the American people are not interested in testing in the United States experiments in medical care which have already failed in regimented countries.

The physicians of the United States, through the American Medical Association, have stressed repeatedly the necessity for extending to all corners of this great country the availability of aids for diagnosis and treatment, so that dependency will be minimized and independence will be stimulated. American private enterprise has won and is winning the greatest war in the world's history. Private enterprise and initiative manifested through research may conquer cancer, arthritis and other as yet unconquered scourges of humankind. Science, as history well demonstrates, prospers best when free and unshackled.

### Program

The physicians represented by the American Medical Association propose the following constructive program for the extension of improved health and medical care to all the people:

1. Sustained production leading to better living conditions with improved housing, nutrition and sanitation which are fundamental to good health; we support progressive action toward achieving these objectives:

2. An extended program of disease prevention with the development or extension of organizations for public health service so that every part of our country will have such service, as rapidly as adequate personnel can be trained.

3. Increased hospitalization insurance on a voluntary basis.

4. The development in or extension to all localities of voluntary sickness insurance plans and provision for the extension of these plans to the needy under the principles already established by the American Medical Association.

5. The provision of hospitalization and medical care to the indigent by local authorities under voluntary hospital and sickness insurance plans.

6. A survey of each state by qualified individuals and agencies to establish the need for additional medical care.

7. Federal aid to states where definite need is demonstrated, to be administered by the proper local agencies of the states involved with the help and advice of the medical profession.

8. Extension of information on these plans to all the people with recognition that such voluntary programs need not involve increased taxation.

9. A continuous survey of all voluntary plans for hospitalization and illness to determine their adequacy in meeting needs and maintaining continuous improvement in quality of medical service.

10. Discharge of physicians from the armed services as rapidly as is consistent with the war effort in order to facilitate redistribution and relocation of physicians in areas needing physicians.

11. Increased availability of medical education to young men and women to provide a greater number of physicians for rural areas.

12. Postponement of consideration of revolutionary changes while 60,000 medical men are in the service voluntarily and while 12,000,000 men and women are in uniform to preserve the American democratic system of government.

13. Adoption of federal legislation to provide for adjustments in draft regulation which will permit students to prepare for and continue the study of medicine.

14. Study of postwar medical personnel requirements with special reference to the needs of the veterans' hospitals, the regular army, navy and United States Public Health Service.

## General Therapeutic Clinic at K.U.

The University of Kansas School of Medicine has announced its first postgraduate course. This course will run between October 29 and November 2, inclusive. It is designed to be an intensive review of the major fields of medicine with talks in each specialty included in each day's program. Guest speakers will include both out-of-state and in-state doctors.

This course is designed especially for the assistance of men who have been in service, but a general invitation is extended to all doctors in Kansas. There is no enrollment limit, nor will there be an enrollment fee.

Applications may be sent either to H. R. Wahl, M.D., Dean of the School of Medicine, Kansas City, or to Mr. Harold G. Ingham, Director of the Extension Division, Lawrence. At the time applications are received, information regarding hotel reservations will be forwarded.

Appearing below is the tentative program which will be offered during this course, listing the speakers and their proposed topics.

### MEDICINE

- Joseph Capps, M.D., Chicago—Pleural Shock.
- P. T. Bohan, M.D.—Arthritis.
- Graham Asher, M.D.—Cardiac Failure.
- C. J. Weber, M.D.—Blood Diseases.
- Don C. Peete, M.D.—Diseases of Metabolism.
- Ralph H. Major, M.D.—Experiences with Sulfonamides and Penicillin.
- Edward T. Gibson, M.D.—Central Nervous System Syphilis.
- A. T. Steegman, M.D.—Shock Treatment.

### SURGERY

- Earl Padgett, M.D.—Care of Burns.
- Nelse Ockerblad, M.D.—A Resume of Treatment of the Prostate.
- Frank Teachenor, M.D.—Treatment of the Fractured Skull.
- Frank Dickson, M.D.—Clinical Examination of Back Diseases.
- T. G. Orr, M.D.—Treatment of Diseases of the Gastrointestinal Tract.
- Nathan A. Womack, M.D.—Surgical Diseases of the Colon.
- W. P. Callahan, M.D.—Diagnosis and Treatment of Diseases of the Biliary Tract.
- Nathan A. Womack, M.D.—Surgical Diseases of Colon.

### GYNECOLOGY AND OBSTETRICS

- Robert Maxwell, M.D.—Practical Use of Obstetrical Forceps.
- L. A. Calkins, M.D.—Treatment and Follow Up of Carcinoma of the Cervix.
- L. A. Calkins, M.D.—Management of Second Stage of Labor.
- L. A. Calkins, M.D.—The Placenta in Relation to Foetal Mortality.

### PEDIATRICS

- Herbert Wenner, M.D., Yale University, Department of Preventive Medicine—Poliomyelitis.
- George Hermann, M.D.—Erythroblastosis Foetalis.
- Frank Neff, M.D.—Treatment of Measles, Scarlet Fever and Mumps.
- Herbert Miller, M.D.—Role of Pediatrician and General Practitioner in Diagnosis and Treatment of Behavior Problems in Children.

### SPECIALTIES

- OTO-RHINO LARYNGOLOGY—L. B. Spake, M.D., The Acute Ear.
- PHYSICAL MEDICINE—Gordon M. Martin, M.D., (Lecture and Demonstration).
- 1. Physical Medicine in the Management of some

frequently encountered Neuromuscular and Skeletal Disorders.

2. Physical Aids for the Handicapped Child: This will include discussion and demonstration of speech correction program. Miss Quintilla Anders and Dr. Martin. (Miss Anders, M.A. in Speech Correction, University of Wisconsin. In charge of Speech Correction Clinic at University of Kansas Hospital.)

DERMATOLOGY—C. C. Dennie, M.D., (Subject to be announced).

OPHTHALMOLOGY—Albert D. Rudeeman, M.D., Crile Clinic, Cleveland, Differential Diagnosis of the Red Eye.

RADIOLOGY AND PATHOLOGY—H. R. Wahl, M.D., Ward Summerville, M.D., and G. M. Tice, M.D.

## Immune Serum Globulin Available

The Kansas State Board of Health has accepted the responsibility of distributing a limited supply of immune serum globulin (gamma globulin) for prophylaxis and modification of measles in the civilian population of the state. Made available by the American Red Cross, the globulin will be distributed to physicians through the official health agency with the provision that it is to be administered without charge to the patient for the solution.

Since there is no conclusive evidence to support its use in other diseases, the globulin is to be used for prevention or modification of red measles only. It confers a passive immunity of three or four weeks duration, and is therefore administered to exposed patients in whom prevention for a short period of time is desired, pregnant women, children of three years and under, or patients in such debilitated condition that the disease would jeopardize their lives.

It should be administered as soon as possible after exposure and no later than the seventh day after exposure. It should be injected intramuscularly, preferably in the buttocks, with a 20 or 21 gauge needle. Globulin, as now prepared, must not be used intravenously. A caution in its use from the Kansas State Board of Health reminds physicians that globulin is a concentrated protein solution, viscous and sticky. The syringe should not be filled until the physician is ready to make the injection. The dating period at present is set at one year, and the material should be kept in an icebox.

For prevention of the disease, a dose of .08 to 0.1 cc per pound of body weight should be given as soon as possible after exposure. In other cases, when it is desirable to allow the patient to have a mild form of the disease in order to establish a permanent active immunity, the dosage is .02 to .025 cc per pound, given on or about the fifth day after exposure.

Immune serum globulin will be kept in the laboratory of the Kansas State Board of Health, where someone is on duty at all times. Requests may be made by letter, telephone, or telegram and the globulin will be mailed immediately with special delivery service when necessary. Requests should specify the amount needed, the type of patient, number of days following exposure, and whether prophylaxis or modification is desired. Twenty-one distribution points throughout the state, in addition to the state laboratory, will facilitate delivery of the solution.

You cannot stop contagious disease with a law, a health officer, and a placard. You must get cooperation of the people by education, by persuasion, and by organization.—California and Western Medicine.

## KANSAS PHYSICIANS' SERVICE

Governor Andrew F. Schoepel has appointed two members to the Board of Directors of Kansas Physicians' Service, as provided by law. Both are prominent citizens in Topeka and are welcomed by the medical profession. We are certain both from the record of their past successes and from the high regard the governor holds of their abilities, that they will materially contribute to this venture.

The men appointed by the governor are Holmes Meade and Martin F. Trued.

This completes the Board of Directors which is now composed of 20 positions. Because one member serves in two capacities, it is made up this year of 19 directors. There are four officers, two doctors representing the Kansas Medical Society, 12 doctors representing the councilor districts, and two members appointed by the governor. The names of the members of the Board of Directors, except for the two recent appointments, were published in the July issue of the Journal.

Progress is being made toward completing the preparations necessary before the plan may be offered to the public. Preliminary discussions have ended and the Subscription Agreement and the Schedule of Benefits are now in the hands of the printer. These should be completed within 30 days, and we hope that shortly thereafter the plan will be in effect.

Conferences are now being held with the Blue Cross. Mr. Sam J. Barham, executive director of the Kansas Blue Cross, will also be executive director of Kansas Physicians' Service. He is enthusiastic about the program and has already made arrangements for contacting the first group to be invited to participate. Through the contract with Kansas Physicians' Service, the Blue Cross will administer and sell the plan. It may be sold in conjunction with hospital insurance or separately. It will be handled by the same salesmen who have made such a phenomenal success in their three years of experience with the hospital plan. They too are enthusiastic and believe that the public will welcome the opportunity offered them under Kansas Physicians' Service.

Kansas Physicians' Service is an attempt by the doctors of Kansas to prevent the coming of politically-controlled medicine. It is also a venture in public relations whereby the doctors are offering the people of this state the opportunity of budgeting their medical expenses. The program will be operated by the medical society. The Board of

Directors is predominantly made up of members of the society. Experience in other states indicates that the public will welcome a program of this kind. It now remains only for the medical profession to actively support Kansas Physicians' Service. This is essential because the public will quickly react to the opinions that are expressed by the doctors who provide this benefit.

### Streptomycin Being Studied

A new drug, streptomycin, companion to penicillin as a killer of bacteria, is being studied and is undergoing tests by the Army Medical Department to determine its suitability as a germ killer in saving the lives of wounded and sick American soldiers, reports the office of the Surgeon General.

The new drug shows possibilities which may prove to be as important to the medical profession as was the discovery of penicillin. Streptomycin is a killer of gram-negative bacteria, such as tuberculosis, cholera, dysentery, typhoid, tularemia and salmonella food poisoning. Penicillin is a killer of gram-positive bacteria, such as pneumococcus, streptococcus, gonococcus and syphilis.

Even though the new drug is still in the laboratory stage, some is being produced and small quantities are being made available to the Medical Department for experimental purposes, according to Brigadier General Hugh J. Morgan, chief consultant in medicine to Major General Norman T. Kirk, the Surgeon General.

Since streptomycin and penicillin resemble each other in many respects, General Morgan pointed out that experience gained in the production of penicillin will aid materially in the production of the new drug. The production process, however, is slow and tedious and it will be some time before the drug is available in any quantity, he said, just as it took more than two years to bring penicillin into production for general use.

Dr. Selman A. Waksman of the Department of Microbiology of the New Jersey Agriculture Experimental Station at Rutgers University, New Brunswick, New Jersey, is given credit for the discovery of streptomycin. Ever since the discovery of penicillin, medical department and civilian bacteriologists as well as army and commercial laboratories have been searching for a drug that would fight the diseases that penicillin cannot cure. Dr. Waksman reported that he had discovered streptomycin and had reported on it some 29 years ago during experiments with soil bacteria.

BUY VICTORY BONDS

## DIAGNOSTIC CLINIC

HUGH JETER, M.D., F.A.C.P., A.S.C.P.

*Associates and Consultants*

Complete

**CLINICAL AND LABORATORY**

Facilities

Osler Building . . . . . Oklahoma City . . . . . Phone 2-8274



To the pregnant woman many days seem twice as long as they really are. In spite of precautions, vitamin deficiency induced by fetal needs, unbalanced diet, increased metabolism, and faulty absorption may be added to her other burdens. During this period of many worries, Upjohn vitamins, small and easy to take, make available high potency dietary supplementation at low cost.

# U P J O H N V I T A M I N S

FINE PHARMACEUTICALS SINCE 1886

**Upjohn**

KALAMAZOO 99, MICHIGAN

DO MORE THAN BEFORE — KEEP ON BUYING WAR BONDS

### Clinical Conference in Kansas City

The twenty-third annual fall clinical conference of the Kansas City Southwest Clinical Society will be held in Kansas City, Missouri, October 1 and 2, 1945. All sessions will be held in the Little Theatre of the municipal auditorium.

Although the conference this year will be a streamlined version of the usual fall meeting, a large number of guest speakers will attend to present a diversified type of program. The latter part of each session will be open discussion with questions from the audience answered by the participants.

The complete program follows:

October 1, 1945

9:00 A.M. to 12:00 Noon

Symposium on Gastroenterology

Ira H. Lockwood, M.D., Director

Participants:

Clifford J. Barborka, M.D., F.A.C.P.

Claude F. Dixon, M.D., F.A.C.S.

Leo G. Rigler, M.D.

Colonel Howard A. Rusk, MC.

2:00 P.M. to 5:00 P.M.

Symposium on Heart and Circulatory Diseases

Joseph E. Welker, M.D., Director

Participants:

Arild E. Hansen, M.D.

Captain Alphonse McMahon, (MC) USN.

Leo G. Rigler, M.D.

8:00 P.M.

Symposium on Rehabilitation and Tropical Diseases

Lewis G. Allen, M.D., Director

Participants:

Colonel Howard A. Rusk, MC.

Lt. Colonel Samuel T. Helms, MC.

Major Wilson C. Merriman, MC.

October 2, 1945

9:00 A.M. to 12:00 Noon

Symposium on the Chest

Herbert L. Mantz, M.D., Director

Participants:

Evarts A. Graham, M.D., F.A.C.S.

Colonel John B. Grow, MC.

Leo G. Rigler, M.D.

2:00 P.M. to 5:00 P.M.

Symposium on Endocrinology

W. Merritt Ketcham, M.D., Director

Participants:

Clifford J. Barborka, M.D., F.A.C.P.

Ralph E. Campbell, M.D., F.A.C.S.

Arild E. Hansen, M.D.

Captain Alphonse McMahon, (MC) USN.

8:00 P.M.

Symposium on Headache and Backache

Frank D. Dickson, M.D., Director

Participants:

Ralph E. Campbell, M.D., F.A.C.S.

Lt. Colonel Vernon L. Hart, MC.

Roland M. Klemme, M.D., F.A.C.S.

### Postgraduate Education

Plans for the financial assistance of medical officers of Kansas who want postgraduate education before returning to civilian practice have been completed. All members of the Kansas Medical Society who have served during this war and are released from service are invited to participate in this program. Kindly address your inquiries to Dr. Harold H. Jones, Winfield, or to the Executive Office and they will be forwarded to Dr. Jones.

May we repeat to the doctors of Kansas that contributions for the postgraduate fund may still be sent to the Executive Office. It is anticipated that large demands will be made on this money and that considerably more will be needed than is now available if the medical officers of Kansas are to receive anything approximating a substantial benefit from this program.

### Kansas United War Fund

The third annual Kansas United War Fund campaign will be launched on October 1, coinciding with similar appeals throughout the nation. The quota for Kansas has been set at \$1,226,000, the same as last year.

The National War Fund is a federation of the leading war-related appeals, with the exception of the Red Cross, for providing comforts, hospitality and entertainment for our armed forces, recreational and educational materials for prisoners of war, and supplementary emergency war relief to the people of our Allies and to refugees.

Benefitting from the funds collected are the following: USO, United Seaman's Service, War Prisoners Aid, Philippine War Relief, Belgian War Relief Society, United China Relief, American Relief for Czechoslovakia, American Relief for France, Greek War Relief Association, American Relief for Holland, American Relief for Italy, United Lithuanian Relief Fund, Friends of Luxembourg, American Relief for Norway, Polish War Relief, United Yugoslav Relief Fund, American Field Service, Refugee Relief Trustees, and U. S. Committee for the Care of European Children.

## THE TROWBRIDGE TRAINING SCHOOL

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

The Best in the West

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.  
1850 Bryant Building E. HAYDEN TROWBRIDGE, M.D. Kansas City, Mo.

**PRESCRIBE or DISPENSE**  
**ZEMMER PHARMACEUTICALS**

A complete line of laboratory controlled ethical pharmaceuticals.

Chemists to the Medical Profession for 43 years.

**ZEMMER**

The  
**ZEMMER**  
**COMPANY**  
Oakland Station  
Pittsburgh 13, Pa.

KA 9-45

# *In the Activity of the Endocrine Glands*

The depth to which protein permeates the fabric of metabolic life, and the role it plays as "raw material" and component of elaborated secretions is indicated in hormonal composition.

Thyroxine, the active principle of the thyroid gland, is an iodinated phenyl-ether derivative of the amino acid tyrosine. Epinephrine, the active principle of the adrenal medulla, is also a tyrosine derivative. Insulin, as elaborated by the islands of Langerhans, has been isolated in crystalline form and found to be a protein.

Only from the proteins of the foods eaten can the organism derive the protein substances required for these complex purposes.

Among man's protein foods meat ranks high, not only because of the percentage of protein contained, but principally because its protein is of highest biologic quality, applicable wherever protein is required.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



**A M E R I C A N   M E A T   I N S T I T U T E**

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

### MEN IN SERVICE

The following letter was received recently from Capt. William H. Fritzemeier, who wrote from Rheims, France.

"Through the redeployment I was transferred to the medical department of an engineering regiment. At present they are scheduled for the army of occupation. I'm always very happy to receive the Journal of the Kansas Medical Society and appreciate your sending it very much. I'm very interested in the Kansas Physicians' Service. Sounds good."

Dr. John Blank, who was recently released from the service after having spent four years in the Army, has opened an office in the Wolcott building, Hutchinson. In addition to service in this country, Dr. Blank served in the southwest Pacific. He left Manila March 1 and reached San Francisco March 6.

Col. Lyle S. Powell, Lawrence, now serving with the United States Command in China, recently received the Legion of Merit medal for meritorious work in the field as a medical liaison officer. Earlier this year he was awarded the Bronze Star medal.

The office of the Surgeon General has announced the promotion of a Kansan, Dr. Ralph G. Ball, Manhattan, to the rank of colonel.

Major J. Colbert Simpson, Salina, returned last month from the ETO, having made the trip from Paris by air.

Dr. Don A. Anderson, who formerly practiced in Salina and is now serving in the Navy, has been promoted to the rank of lieutenant commander. He was stationed in the

## ALCOHOL—MORPHINE—BARBITAL

**ADDICTIONS Successfully Treated Since 1897—**

**Founded by B. B. Ralph, M.D.**



*Write for description booklet*

## The Ralph Sanitarium

529 Highland Ave.

Kansas City, Mo.

Telephone—Victor 4850

Registered by the Council on Medical Education and Hospitals of the A. M. A.

### Now That the War is Over

We expect to get in better shape each day to give you Quicker Service and Better Quality.

While we admit we have not done a bad job so far, now is a critical time. None of our boys have returned yet and material is none too plentiful.

Quinton-Duffens will lose no opportunity to get back into pre-war stride as soon as possible. In the meantime we are indeed grateful for the cooperation you have given us.

## QUINTON-DUFFENS OPTICAL COMPANY

*Independent*

TOPEKA

HUTCHINSON  
KANSAS

SALINA

A  
"Twin"  
Value



High Nutrition  
Vitamin Protection



SANTA FE  
EVAPORATED  
MILK



Is Now Better Food for Babies

THE Vitamin D content has been increased by the addition of activated ergosterol (25 units per fluid ounce) or the equivalent of 400 U.S.P. Units per quart when mixed with equal parts of water.

**The Ranney-Davis Mercantile Co.**

Arkansas City, Kansas

# What Makes P. I. and A. Service Click ?

Year in and year out, G.E.'s *Periodic Inspection and Adjustment* service continues to prove, to hospitals and physicians everywhere, its value and importance to the proper maintenance of x-ray and electromedical equipment.

What makes this *P. I. and A.* service organization click? . . . . . Here are the tangibles:



**ENGINEERING SERVICE HANDBOOK**—the G.E. serviceman's encyclopaedia of up-to-the-minute information and guide to on-the-job efficiency.



**A SELECT PERSONNEL**—aptitude for technical service.



**ADEQUATE WORKING EQUIPMENT**—a specially-designed portable kit provides every conceivable tool and device essential to fine workmanship.



**A SPECIAL TRAINING COURSE**—prescribed apprenticeship and seasoning by practical experience.



**RESPONSIBILITY**—in rendering this service in the best interests of all concerned.



**A THOROUGH KNOWLEDGE** of the electrical and mechanical principles of each and every apparatus.



**READILY AVAILABLE**—through G.E.'s Branches and Regional Service Depots in all sections of the United States and Canada.

Obviously, fine equipment, to justify the investment, should be maintained at its highest operating efficiency. And this is, primarily, the function of G.E. X-Ray's continent-wide *P. I. and A.* service organization.



1895 OUR FIFTIETH YEAR OF SERVICE 1945

**GENERAL ELECTRIC X-RAY CORPORATION**

175 W. JACKSON BOULEVARD

CHICAGO 4, ILLINOIS, U. S. A.

South Pacific area for two years and is now serving at the U. S. Repair Base Hospital at New Orleans.

Dr. Leslie E. Knapp, who has been serving as a lieutenant colonel in the Army medical corps, has been released from military duties and has returned to his practice in Wichita.

Dr. Edwin T. Wulff has been discharged from the Army medical corps and will soon reopen his office in Atchison. He entered the Army in April, 1942, as a first lieutenant and held the rank of major at the time of his release. He served overseas with the 104th Infantry Division in the ETO and also with the Canadian First army.

Dr. R. E. Jordan, who is now on terminal leave after having spent four years with the Army Air Forces, plans to open an office in Osborne soon.

A recent promotion for Dr. William T. Rich, who formerly practiced at Neodesha, gives him the rank of lieutenant commander. He is now stationed at West Columbia, South Carolina, where he is serving as a flight surgeon.

### Wilson County Society Meets

A meeting of the Wilson County Medical Society was held August 13 in Fredonia with two medical officers, recently returned from foreign service, as honor guests. Lt. Comdr. Lynn E. Beal told of his assignment in the Pacific, and Major Raymond Beal, who had served in the ETO, discussed medical work there, stressing duty in Russia.

## SURGICAL BRACES

*"Made as you prescribe"*

A prompt, courteous, efficient service.

One day delivery on Taylor Back Braces, Airplane Arm Braces, Cervical Braces.

Your inquiries will be appreciated. If necessary use phone or wire, my expense.

### PHONES

Business  
5-2638

Residence  
3-6379

**A. H. BOSWORTH**

416 N. Water

**WICHITA, KANSAS**

BUY VICTORY BONDS



Accident, Hospital, Sickness

**INSURANCE**

**FOR PHYSICIANS—SURGEONS—DENTISTS**  
Exclusively

*All Premiums Come from Physicians, Surgeons, Dentists  
All Claims Go to Physicians, Surgeons, Dentists*

For  
**\$5,000.00 accidental death \$32.00**  
\$25.00 weekly indemnity, accident and sickness per year

For  
**\$10,000.00 accidental death \$64.00**  
\$50.00 weekly indemnity, accident and sickness per year

For  
**\$15,000.00 accidental death \$96.00**  
\$75.00 weekly indemnity, accident and sickness per year

**ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN**

*43 Years under the same management*

**\$ 2,700,000.00 INVESTED ASSETS**  
**\$12,700,000.00 PAID FOR CLAIMS**

*\$200,000.00 deposited with State of Nebraska for protection of our members.*

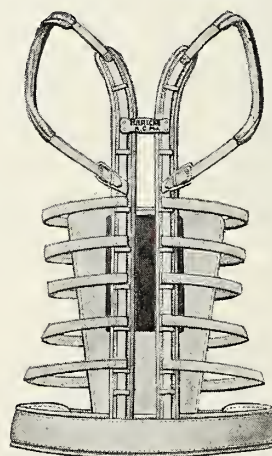
*86c out of each \$1.00 gross income used for members' benefit*

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

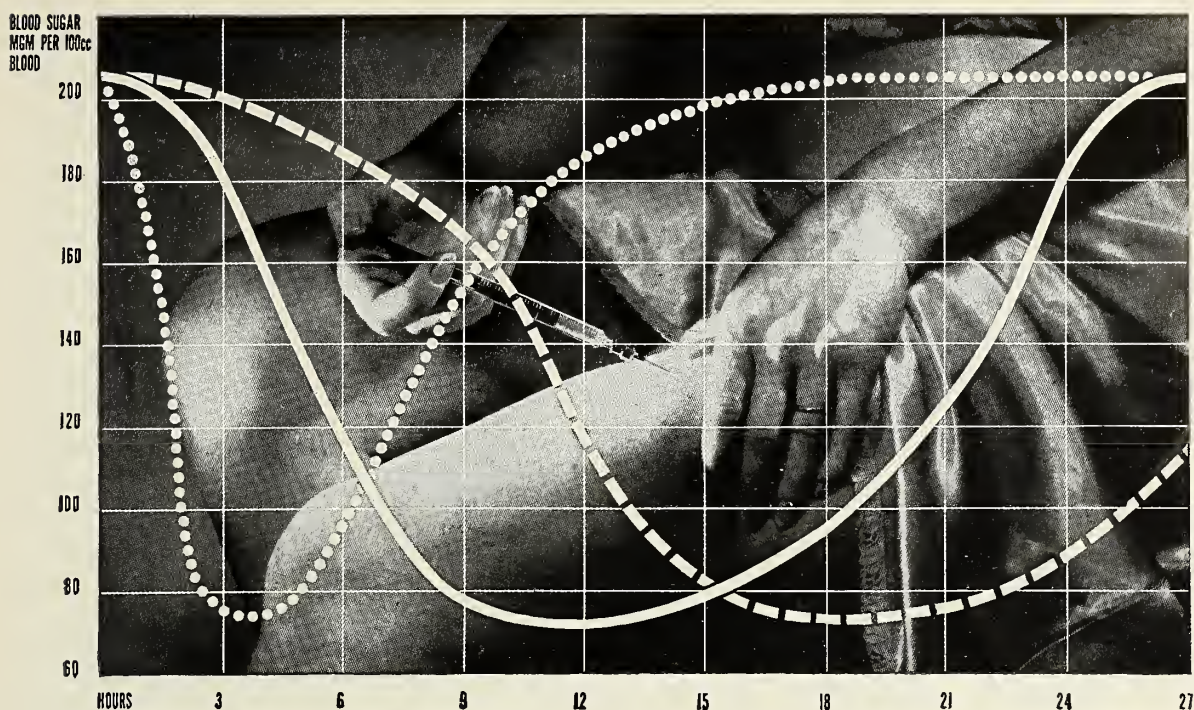
**Physicians Casualty Association**  
**Physicians Health Association**  
**400 First National Bank Bldg., Omaha 2, Nebr.**

## Taylor-Type Back Brace

For  
Fracture of Vertebrae



**P. W. HANICKE MFG. CO.**  
**1013 McGee Street**  
**KANSAS CITY, MISSOURI**  
**Telephone Victor 4750**



- ..... Fast Acting INSULIN
- Slow Acting INSULIN
- Intermediate Acting GLOBIN INSULIN

## Today, there are 3 types of insulin...

THE PHYSICIAN now has a new intermediate-acting type of insulin with which to treat his diabetic patients—'Wellcome' Globin Insulin with Zinc. Originally there was only quick-acting, short-lived insulin. Then came a slow-acting, long-lived form. And now with Globin Insulin he has a moderately rapid-acting agent which persists for sixteen hours or more, enough to cover the period of maximum carbohydrate intake. This activity is sufficiently diminished by night to minimize nocturnal reactions. Physicians will do well to consider the advantages of this new third insulin for their diabetic patients.

'Wellcome' Globin Insulin with Zinc is a clear solution, comparable to regular insulin in its freedom from allergenic properties.

Accepted by the Council on Pharmacy and Chemistry, American Medical Association. Developed in the Wellcome Research Laboratories, Tuckahoe, New York. U.S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc., and vials of 10 cc., 40 units in 1 cc. Literature on request. 'Wellcome' trademark registered.

'WELLCOME'  
*Globin Insulin*  
WITH ZINC



BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9 & 11 EAST 41ST

STREET, NEW YORK 17, N.Y.

Many currently accepted facts in regard to the biochemical reactions of vitamin A, and the characteristics of vitamin A deficiency, as well as observations of the effects of long-continued supplementation of the average diet with large doses of vitamin A indicate that the range of the human requirement for it has not been satisfactorily established. Neither is the nature of the effects of suboptimal levels of intake of vitamin A nor their significance fully apparent.

When applied to commercial vitamin A products the minimum requirements of the Food and Drug Administration and the recommended allowance of the National Research Council need re-evaluation in regard to their practical utility and theoretical implications.—Jon V. Straumfjord, M.D., in Northwest Medicine.

**THE  
W. E. ISLE CO.  
1121 GRAND AVE.  
KANSAS CITY, MO.**



**TRUSSES**

... Accurately fitted to assure complete protection and greatest possible comfort

ENTIRE SECOND FLOOR    TELEPHONE VICTOR 2350

## Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)  
Incorporated not for profit

### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting September 10, September 24, and every two weeks during the year. One Week Course Surgery of Colon and Rectum September 10. 20 Hour Course Surgical Anatomy October 8.

**GYNECOLOGY**—Two Weeks Intensive Course October 22. One Week Personal Course Vaginal Approach to Pelvic Surgery September 17.

**OBSTETRICS**—Two Weeks Intensive Course October 8.

**ANESTHESIA**—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

**ROENTGENOLOGY**—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

**UROLOGY**—Two Weeks Course and One Month Course every two weeks.

**CYSTOSCOPY**—Ten Day Practical Course every two weeks.

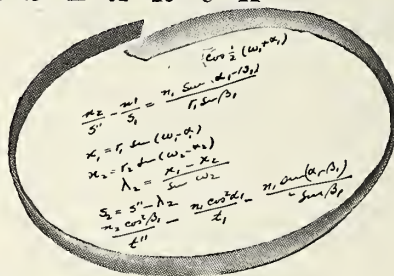
**GENERAL, INTENSIVE AND SPECIAL COURSES IN  
ALL BRANCHES OF MEDICINE, SURGERY  
AND THE SPECIALTIES**

**TEACHING FACULTY—ATTENDING STAFF OF  
COOK COUNTY HOSPITAL**

Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.

## YEARS OF RESEARCH

to produce



## AO Tillyer LENSES

For only a slight additional cost, AO Tillyer Lenses are available for *your* patients. Yet the cost of the years of research necessary to produce the Tillyer Lens series amounted to thousands of dollars.



AO Tillyer Lenses are available in: Single vision, bifocal, Cruxite, Calobar or white ophthalmic glass.

*Tillyer is a registered AO Trade Mark.*



**American Optical**  
COMPANY

for contraceptive  
effectiveness



prescribe

Koromex Jelly with confidence

The active ingredient of Koromex Jelly is phenylmercuric acetate, whose remarkable contraceptive efficiency was affirmed in the illuminating report by Eastman and Scott (Human Fertility 9:33 June 1944). Their clinical and experimental data confirmed the earlier findings of Baker, Ranson and Tynen (Lancet 2:882 October 15, 1938). In addition to its excellent spermicidal efficacy, Koromex Jelly possesses to a high degree those other qualities which are physiologically and aesthetically so important to patients... For these reasons you can prescribe Koromex Jelly with *confidence*.



*Write for literature.*

*Holland-Rantos Co., Inc.*

551 Fifth Avenue, New York 17, N. Y.

## AUXILIARY

### The Bulletin

A well informed member is an interested and active one. To be well informed requires study and guidance.

The Bulletin, the official text-book of the members of the Auxiliaries, supplies both. It is published in Chicago at quarterly intervals at the rate of \$1.00 per year. This publication presents the programs of the national organization and, in addition, other valuable information concerning Auxiliary and general health affairs with which every doctor's wife should be familiar. By subscribing for this guide you may easily be that well informed woman.

The outlines of the various departments and committees can readily be adapted to the county auxiliaries' programs. These should be used in outlining the year's study and work and will prove to be very helpful.

Each issue of the magazine has a particular value and no one can afford to miss even one. In normal years the May issue is the convention number, August issue gives the president's address, programs of the committee chairmen for the year, reports of state presidents, any important business conducted, and the addresses of the principal speakers. In this way you could almost feel that you had attended the meeting. The December issue reports the newly inaugurated conference of presidents and presidents-elect, mid-year reports and abstracts of post-convention meeting of board of directors, and many other articles of interest to the doctors' wives. Thus one may easily keep a finger on the pulse of all proceedings of the national organization.

In previous years extra copies of the May or convention number have been available. In that case a subscription could be designated to start with that number if you were later than that in sending in your subscription. This would make your file for the year complete.

At the meeting of the House of Delegates in May, 35 subscriptions were received. This was a very good record considering that the attendance was limited.

Won't you doctors' wives who have not subscribed, or if the wives do not see this page in the Journal, will the husband who does, please send \$1.00 for 1945 subscription to the Bulletin to Mrs. Henry S. Dreher, 708 W. Crawford St., Salina. Please state when you desire the subscription to start.

### An Auxiliary Member Should Know

A medical auxiliary serves the medical profession and through it the public. Such service is satisfactory, because it is unselfish. An auxiliary is always organized with the permission of the medical society and should have an advisor or advisory committee to direct it. The auxiliary should make an annual report to its society and undertake no new project without approval.

The principal functions of an auxiliary are: health education, public relations, legislation (reserve force), philanthropy, social.

The laity requires education, but it should be given through the medical profession, so there may be rational control of what the public thinks and does in health activities. Most important objectives of an auxiliary are to direct public thinking and actions in channels the medical profession desires and to extend authentic information on health. We support an organization only when we are a

member and understand the tasks and objectives and how to accomplish them. An auxiliary member, therefore, should attend as many meetings as possible, so she may:

1. Understand the purpose and objectives of her auxiliary.
2. Receive the particular charge given by local, state, national.
3. Receive instruction in how to fulfill that charge.
4. Become informed gradually about:
  - a. Personal and community hygiene.
  - b. Administration of local, state, national health.
  - c. Medical and health laws, local, state, national.
  - d. The health of her community.
  - e. Communicable diseases; their prevention and control.
  - f. Her health in relation to her community.
  - g. General problems of health all should know.
  - h. Approved educational material; where to obtain it.
  - i. The development of the Medical Arts.
  - j. Why the A.M.A. urges the promotion of Hygeia; how done.
  - k. What legislation the Medical Society sponsors; why; how the auxiliary acts as a reserve force; what the individual may do.
  - l. Philanthropic work related to the medical profession; service by her auxiliary; what her auxiliary is doing; why.
  - m. What lay organizations are doing in her community in health.

### Loyalty Resolution

WHEREAS, the Woman's Auxiliary to the American Medical Association is worthy of all of its members; therefore be it

RESOLVED, That the following pledge be adopted and taken by the Woman's Auxiliary at this, the twenty-first annual meeting, and renewed at each annual meeting hereafter; and be it further

RESOLVED, That it be suggested to all State Auxiliaries that they adopt and take said pledge at their next annual meeting and renew it at each consecutive meeting.

### Pledge

"I pledge my loyalty and devotion to the Woman's Auxiliary to the American Medical Association. I will support its activities, protect its reputation and ever sustain its high ideals."

The adoption of this pledge has been executed by the Woman's Auxiliary to the Kansas Medical Society. Let it be uppermost in our minds and govern our thoughts and actions.

### With Apologies!!!

If an honest confession is good for the soul, then ours is due for a lot of good.

Imagine our chagrin when we discovered, weeks later, that we had thanked the Shawnee County Medical Society through this column for the courtesies, hospitality, entertainment and assistance in the successful meeting of the House of Delegates of the Woman's Auxiliary to the Kansas Medical Society last May 6.

Far be it from us to deprive the Shawnee County Medical Society of our gratitude to them, and our appreciation for their hospitality also. But the Shawnee County Medical Auxiliary has had an overdose of having to be hostesses to the state. Three successive years makes a burden of an otherwise pleasant affair. Hence the concern for the safety of our friendly relations. So now may we say "Thank you" to the Shawnee County Medical Auxiliary for their generous, untiring efforts and gracious hospitality. They were indeed greatly appreciated by the entire visiting delegation.

Mrs. Hugh A. Hope.

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

OCTOBER, 1945

Number 10

## MANAGEMENT OF EMBOLI AND THROMBOPHLEBITIS

L. S. Nelson, M.D.

Salina, Kansas

One of the most tragic occurrences in the life of any physician and especially in that of a surgeon, is to witness the results of a massive pulmonary embolus. Related to this are the many cases of thrombophlebitis or phlebothrombosis in varying degrees of severity which may lead to the former.

The physiological processes involved in the coagulation of human blood are well known, though where all of its properties originate may not be so completely understood. For instance, why does blood sometimes coagulate within the human body where it should not receive air except as oxyhemoglobin carried in the normal manner by the blood after having been osmotically acquired through the alveolar walls in the lungs. One wonders if air is necessary or if only the quiescent state of a hospitalized patient may allow the process to begin and having begun may carry on to dangerous proportions.

Without going far into the causation of the coagulation of human blood within the human body except to say that all authorities agree that the prone and morbid position of the human body is surely a potent factor, we can proceed to discuss the two serious sequelae which we most commonly see and dread. These are thrombophlebitis and pulmonary embolism.

Here again we will not interest ourselves so much in the exact pathogenesis of each of these entities as in the more practical problem of their early recognition and treatment.

They vary in intensity of symptomatology in proportion to their magnitude. Many small coagulated bits probably wander about producing small infarcts which are practically symptomless while larger emboli cause fatal pulmonary embolism. As we become conscious of this fact, we sharpen our diagnostic acumen to detect early the signs which may at least allow us to work to prevent a catastrophe.

In cases of circulatory impairment in the mediastinum, subjectively there is pain which may be

mild or severe and located usually in the precordial area though it may be in the back or abdomen. Anxiety is so common as to be important. Patients evidence real fear and this is noted early in all of our cases. The intensity of these symptoms is dependent upon the size of the embolus, its location, and duration. Since these symptoms, when mild, may become severe we should by all means consider them serious and swing into action to use the means we have at hand to save the patient. Some of us believe that the size of the embolus may be influenced by prompt treatment and that perhaps canalization through or around an existing clot can occur. At least no new formation will arise. Objectively there is sweating, dyspnea, pallor and lowering of blood pressure.

The second pathological entity of thrombophlebitis or simple venous thrombosis is so painful and crippling as to deserve almost as prominent a place in our attention. True, it is seldom fatal, but its effect on lengthened morbidity as well as the excruciating continuous pain which it causes patients to suffer hour after hour, day after day, and week after week, make it a veritable goliath in the realm of suffering, when untreated. We hope to show proof that treatment minimizes the symptoms and reduces the morbidity period.

Two agents have been discovered which are admirably suited to help us in minimizing the aforementioned dangers. Heparin is a mucottin polysulphuric acid occurring in many tissues but most abundantly in the liver from which the commercial product is extracted by salt solution and precipitated with acetone. One mgm. in saline solution will prevent five to ten cc of blood from coagulating. It has the extreme virtue of working immediately when administered intravenously; 300 mgm. in the course of a few hours given in saline solution directly into the blood stream will change the prothrombin bleeding time from 25 seconds which is about normal, to 25 minutes or more.

Dicumarol, the other agent, is a more dangerous drug with an interesting history. Now synthesized and produced in quantities by several manufacturers. It can be given orally without producing nausea but its action does not commence for from 24 hours to 48 hours. It can be used in conjunction with, or replacement of, heparin. It is dangerous because it so reduces the prothrombin concentration of the blood that hemorrhage from the kidneys or mucous surfaces may result. Its action is prolonged as well as cumulative and no two patients react exactly alike to it, so that one must govern the dosage by its individual effect determined by daily prothrombin time determinations and donors must be ready at all times for whole blood transfusions to combat the bleeding which may result from its administration. It is for these reasons that all patients who are to be treated thus, should be hospitalized where daily prothrombin activity may be checked. The initial dose of 300 mgm. followed by 100 to 200 mgm. each 24 hours is usually adequate but wide divergence from this is noted even in our small series.

The first case history shows what can be done by using the liver extract and the drug concurrently and though it terminated fatally, it should be presented.

#### CASE HISTORY

Mrs. O. O. R. Entered hospital 1-2-45. White female, weight about 165 pounds, height five feet six inches. History: Appendectomy and hysterectomy many years ago. Right kidney operated and stone removed four years ago. Chief complaint: Back ache and abdominal pain, especially right epigastric region, and RLQ. near old scar. Examination: Throat, clean. Nose, normal. Upper teeth false and partial plate below, remaining lowers in good condition. Thyroid, small. Breasts contain no masses. Skin, slightly sallow. Heart tones clear, rhythm regular and no audible murmur. Blood pressure 150/80. Lungs, expansion equal and adequate, no adventitious breath sounds audible.

Abdomen: Right flank scar. Palpable mass, tender and rather hard, subcostal right. Cholecystogram revealed non functioning gall bladder. Impression: It was either kidney or gall bladder. Very tender to right of wide abdominal scar.

Vaginal exam: Mucosa normal, cervix present movable and normal. Fundus gone and no palpable adnexal pathology. Rectum normal.

1-3-45. Cystoscopy and retrograde pyelogram were done, ureteral catheter placed up both ureters and sodium iodide injected. Roentgenologist reported no pathology. Urine was collected from each kidney and while there was blood it was thought to be mostly because of the mechanical irritation since none present before cystoscopy.

1-8-45. Operation under ether anaesthesia. A long right rectus incision was made through the abdominal wall. Many, many adhesions beneath the old scar were freed first and then an adherent red, large, poorly functioning gall bladder removed. Sulfathiazole was scattered lightly through the peritoneal area and 100 c.c. amfetin left in the lower abdomen. Rubber dam drain was left in the abdomen where cystic duct and artery were separately ligated and the wound closed in layers. Several heavy tension sutures were placed through the skin subcutaneous fat and fascia.

Post operative picture was perfectly normal and recovery seemed assured.

1-24-45. On her 22nd hospital day and 16th post-operative day, though she had been sitting in bed without the slightest embarrassment for several days, on this day she was put in a chair. Soon she complained of gas in her stomach and was put to bed complaining of feeling weak. She complained of pain over and in her eyes, and was given bisodol at her own request. Pulse 144 and weak. About two hours later I was notified and three and one-half hours later I saw the patient and began immediately administration of heparin, 200 mgm. in 1000 c.c. normal saline by vein. She was also given 300 mgm. dicumarol by mouth. Oxygen inhalations were begun and small doses of morphine.

100 mgm heparin intravenously and 300 mgm dicumarol were given next day.

1-25-45. Prothrombin time 25 seconds. 1-26-45 prothrombin time twenty-five minutes. No clotting noted whatever. Digifoline was used intramuscularly twice but about 10:00 p.m. 1-26-45 the patient

PERCENTAGE PROTHROMBIN ACTIVITY

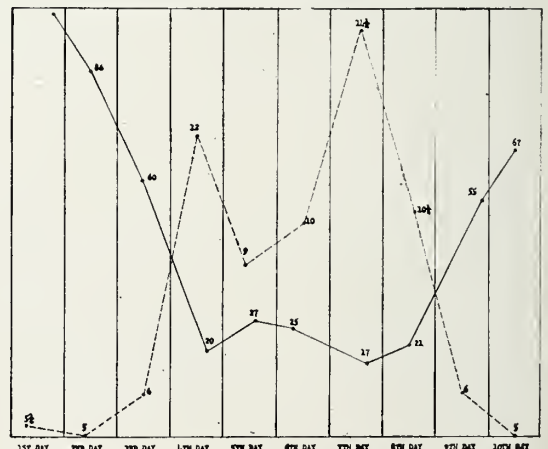


CHART No. 1

Continuous line indicates percentage of prothrombin activity. Broken line indicates coagulation time in minutes. Case Number 2 unquestionably benefited, shows varied response to dicumarol and relationship in this patient between prothrombin bleeding time and coagulation time. Dicumarol was administered as follows: 500 mg. first day, 600 mg. second day, 400 mg. third day, and 300 mg. seventh day.

died. She was signed out as pulmonary embolus. The clot was either too large or treatment not instituted early enough or both.

The second case I wish to report is that of a fifty-year-old white female who was operated for a uterine fibroid and lacerated perineum and developed a severe thrombophlebitis in her right leg on the 12th post operative day. Pain, swelling and fever as usual were the chief symptoms and she was otherwise healed and normal in every respect.

This was before dicumarol was on the market and we were using a supply furnished by the Abbott Laboratories for experimental purposes and were using larger doses than we now think necessary. The accompanying chart indicates the dosage, the prothrombin activity in percentage of normal as well as the coagulation time.

This patient's temperature rose to 102. She was anxious and in pain on the fourth day when the prothrombin bleeding time neared the 20% of normal level her temperature receded, the swelling began to disappear and the pain subsided with no recurrence, though we gave but one more dose of the drug. With her the values approached normal much sooner than many since on the tenth day of dicumarol therapy, the prothrombin level had reached 67% of normal. See chart number 1.

In our series of sixteen patients on whom we have used this treatment, there have been two cases of small cerebral emboli which we believe were not benefitted so far as their cerebral symptoms were concerned. Chart 2, case 3. Case of cerebral embolus of two years duration was not benefitted but chart shows the varied response to the drug. No hem-

orrhage occurred in these patients. In case 4 the treatment was carried so far that the urine seemed to be pure blood and three whole blood transfusions were given to stop the bleeding from his kidneys. In this patient, there may have been some relief from symptoms since dizziness which existed before treatment disappeared entirely. His left hand and arm, which had suffered some motor paralysis, could be used much better. The improvement, however, could have been through natural healing or transference of motor function through reeducation, etc., so we hesitate to classify him as improved. The danger of hemorrhage of dangerous magnitude is well shown here. However, we did this deliberately in hope of deciding whether or not actual benefit accrued to the patient and we were prepared for transfusions at all times. A more recent examination of this patient reveals much more improvement than we expected and we believe this due to earlier use of the drug.

Case 5 on the ninth post operative day following cholecystectomy for cholelithiasis the typical syndrome of precordial pain, increased respiration and heart rate, sweating and anxiety appeared. No deviation in temperature, and no sweating, were present when I first saw her. Morphine in 1/6 grain doses was given, sufficient to produce comfort and keep her very quiet. Dicumarol alone was given and a special nurse was instructed to start heparin if necessary. This was our first use of the drug which was then still in an experimental stage of its development. We do not believe this was a case of massive type but we know that the symptoms were relieved without recurrence and we were happy to see such a change in a total period of six days. Here the amount of the drug used was the least used in any case.

In conclusion we would summarize the situation

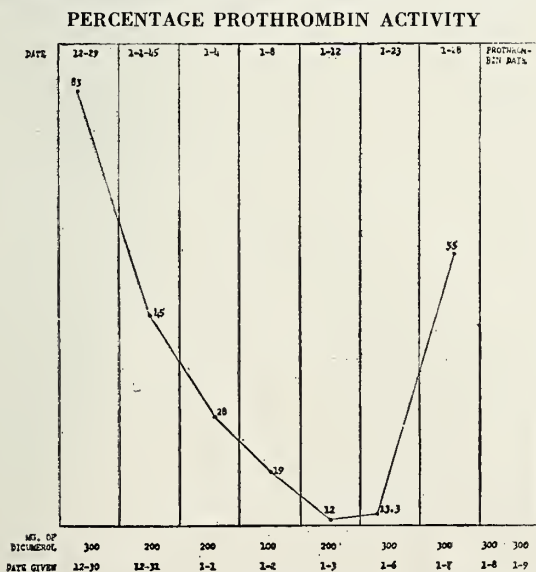


CHART NO. 2

Case of cerebral embolus of two years' duration. Not benefitted but chart shows the varied response to the drug. No hemorrhage in this patient.

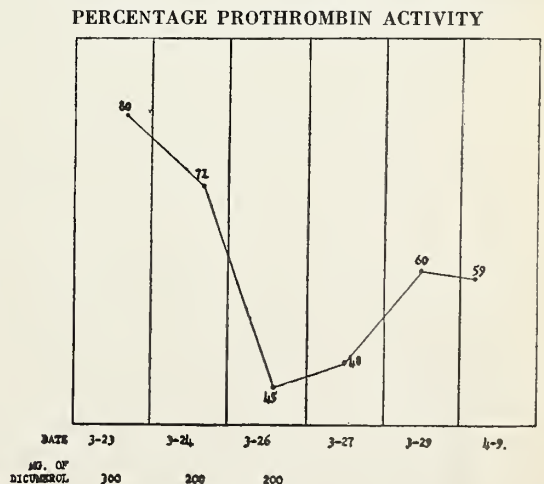


CHART NO. 3

Case Number 5.

as follows: I. A real addition has been made to our armamentarium in treating emboli and thrombosis. The earlier the diagnosis the surer the relief. II. In the future we will employ it more. The paravertebral sympathetic injection of 2% novocaine in the lumbar region for relieving the severe pain of thrombophlebitis as described by Alton Ochsner. We think continuous caudal anaesthesia would accomplish the same result but is too difficult technically to be practical in small hospitals. III. All such patients must be hospitalized and saphenous vein ligation

may also be indicated. IV. If pulmonary embolism is diagnosed, heparin in normal saline intravenously for immediate results and dicumarol to carry on are an ideal combination. V. Dicumarol alone for thrombosis of the extremities well controlled, is most certainly an improvement in management of this unpredictable complication of any confining illness. VI. We have seen 14 cases cured of thrombophlebitis and two cases of pulmonary embolus relieved of symptoms with this treatment.

## INTESTINAL OBSTRUCTION IN THE NEWLY BORN DUE TO AN ERROR IN ROTATION OF THE MIDGUT LOOP DURING FETAL DEVELOPMENT

(PRESENTATION OF TWO CASES)

D. N. Medearis, M.D.

Kansas City, Kansas

Symptoms of obstruction of the alimentary tract during the neonatal period demand nearly as prompt attention by the pediatrician, or any physician responsible for the newly born infant's welfare, as do any of the syndromes of neonatal pathology except, perhaps, the evidences of respiratory or circulatory failure. The fraction of the total number of obstructions of the alimentary tract caused by an anomalous rotation of the midgut loop during fetal development is a proportionately small but vitally interesting and important one. Dr. Robert E. Gross<sup>1</sup> reports the statistics for 20 years experience on the surgical service of the Boston Children's Hospital to show that, of all the cases of obstruction of the alimentary tract, 850 were due to pyloric obstruction, 510 were caused by intussusception, 240 were the result of congenital obstructions in the region of the rectum and anus, 80 were intrinsic malformations (atresia or stenosis) of the intestinal tract itself, and 50 were due to a faulty rotation of the midgut during its development in the fetus. 35 cases of esophageal atresia, 20 cases in whom the very rare duplications of parts of the alimentary tube were found, and 15 cases of so-called meconium ileus, made up the remainder of the total.

Naturally some familiarity with the embryological development of the digestive tube will be necessary if we are to recognize the vagaries of its maldevelopment. McIntosh and Donovan<sup>2</sup> have pointed out that the regular text books of embryology fall far short of the adequacy of exposition of this part of fetal development found in a number of contributions to surgical literature dating back to Frazer and

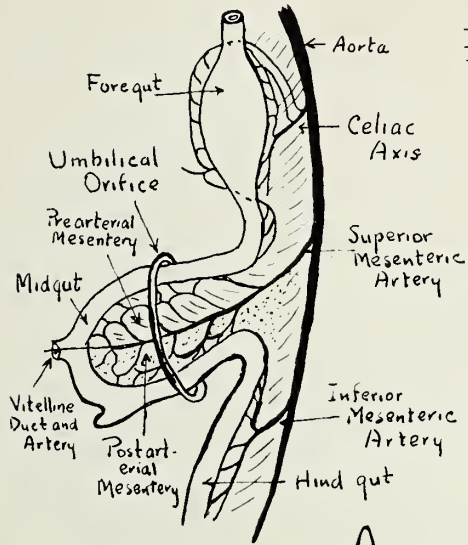
Robbins' paper<sup>3</sup> published in 1915. These observers divided into three stages the evolution of the fetal into the adult type of intestinal pattern. The first stage is that during which an umbilical hernia of the bowel exists, and lasts from the condition of a "median" intestine to the time of its return to the abdomen. Second, is the stage of return and rotation occurring about the tenth week. It lasts only a short but variable time and ends when the whole length of the colon is in its proper plane relative to the small intestine. The third stage, lasting from this time until shortly after birth, is characterized by orderly fusion of portions of the mesentery of the midgut to the posterior parietal peritoneum, resulting in fixation of the duodenum, cecum, and ascending colon and establishment of a broad linear base for the mesentery of the small intestine.

During the first stage, so designated, the portion of the intestinal tract supplied by the superior mesenteric artery starts as a short loop lying close to the midsagittal plane and grows forward so that a portion leaves the abdominal cavity and enters the lumen of the umbilical cord (Plate 1. Figure A). It is probably the large size of the fetal liver and Wolffian bodies which forces this herniation of the midgut loop into the umbilical cord. As a further result of the enlargement and down growth of the liver, carrying with it the vitello-umbilical venous anastomosis on its visceral surface, the proximal limb of the midgut loop comes to lie to the right of the distal limb. (Plate 1. Figure B). Toward the end of the first stage, the proximal limb and its mesentery undergo rapid growth so that a mass of

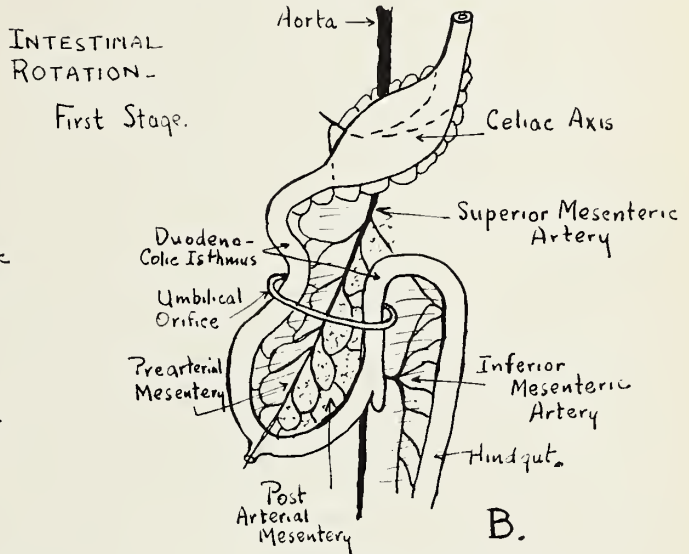
coils of small intestine occupies the umbilical sac, the distal limb without coils lying along the left side of the mass.

At the beginning of the second stage, there is a somewhat sudden return from the umbilical sac to the abdomen. With the relative decrease in the liver

mass as fetal development progresses, there is a fall in the intraabdominal pressure, allowing the extra-abdominal (intra-amniotic) pressure to push the contents of the umbilical sac back into the abdomen. This return is not en masse, but the proximal limb returns first, coils of jejunum passing from right to

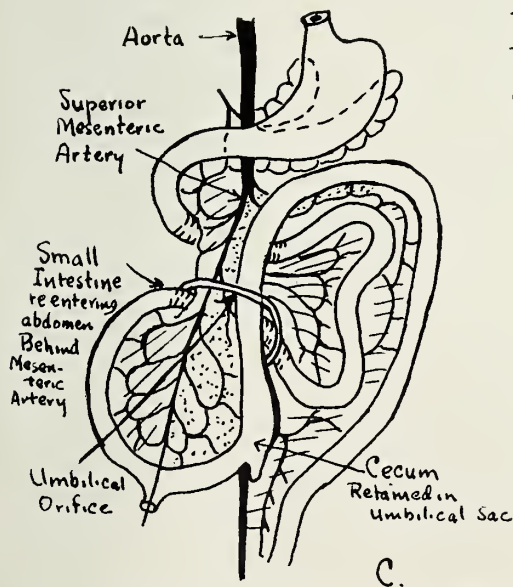


A.  
Alimentary Tract at  
5<sup>th</sup> Week of Intra uterine Life  
(Lateral View)

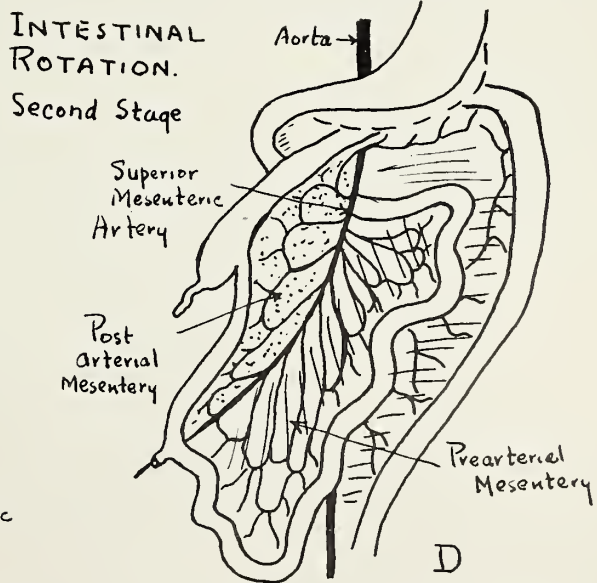


B.  
Alimentary Tract at  
8<sup>th</sup> Week of Intra uterine  
Life (Anteroposterior View)

### PLATE I.



C.  
Alimentary Tract at 10<sup>th</sup> Week  
(Anteroposterior View)



D  
Alimentary Tract at End  
of Second Stage of Rotation  
(11<sup>th</sup> Week)

### PLATE 2.

left behind the superior mesenteric artery, and being followed on this path by the full length of the proximal limb (Plate 2. Figure C). The cecum is retained in the sac to the last because of its larger size compared with the colon immediately continuous with it. When the cecum finally returns to the abdomen toward the end of the movement, it first lies wedged between liver and intestine in the right hypochondrium. Soon the pressure of the growing mass of coils of small intestine forces it back so that it comes to lie to the right of the mesentery of these coils and behind them with the rest of the originally umbilical colon placed transversely across the mesenteric neck of the mass. Thus at the end of the second stage, the midgut loop has rotated from its original sagittal position 270 degrees in a counter clockwise direction about the origin of the superior mesenteric artery (Plate 2. Figure D).

During the third stage, orderly fusions of mesen-

tery with posterior perietal peritoneum bring about fixation of the duodenum and cecum and ultimately result in the normal peritoneal relationships of the adult (Plate 3). As Hunter<sup>4</sup> demonstrated, the cecum does not descend into the right lower quadrant, but rather, along with the ileo-colic junction remains at a relatively fixed point near the margin of the iliac crest from the time of its return from the umbilical sac at the end of the second stage. The colon first passes obliquely upward and to the left to the splenic flexure. At the point where it crosses the second portion of the duodenum, an adhesion forms. Growth of the ascending colon and proximal portion of the transverse colon, together with a marked reduction in the relative size of the liver, eventually results in the normal postnatal configuration of this portion of the gut.

It is obvious that a process so complicated has a large inherent capacity for error. Therefore, it is not too difficult to find in the literature examples

### PERITONEAL RELATIONS in the ADULT.

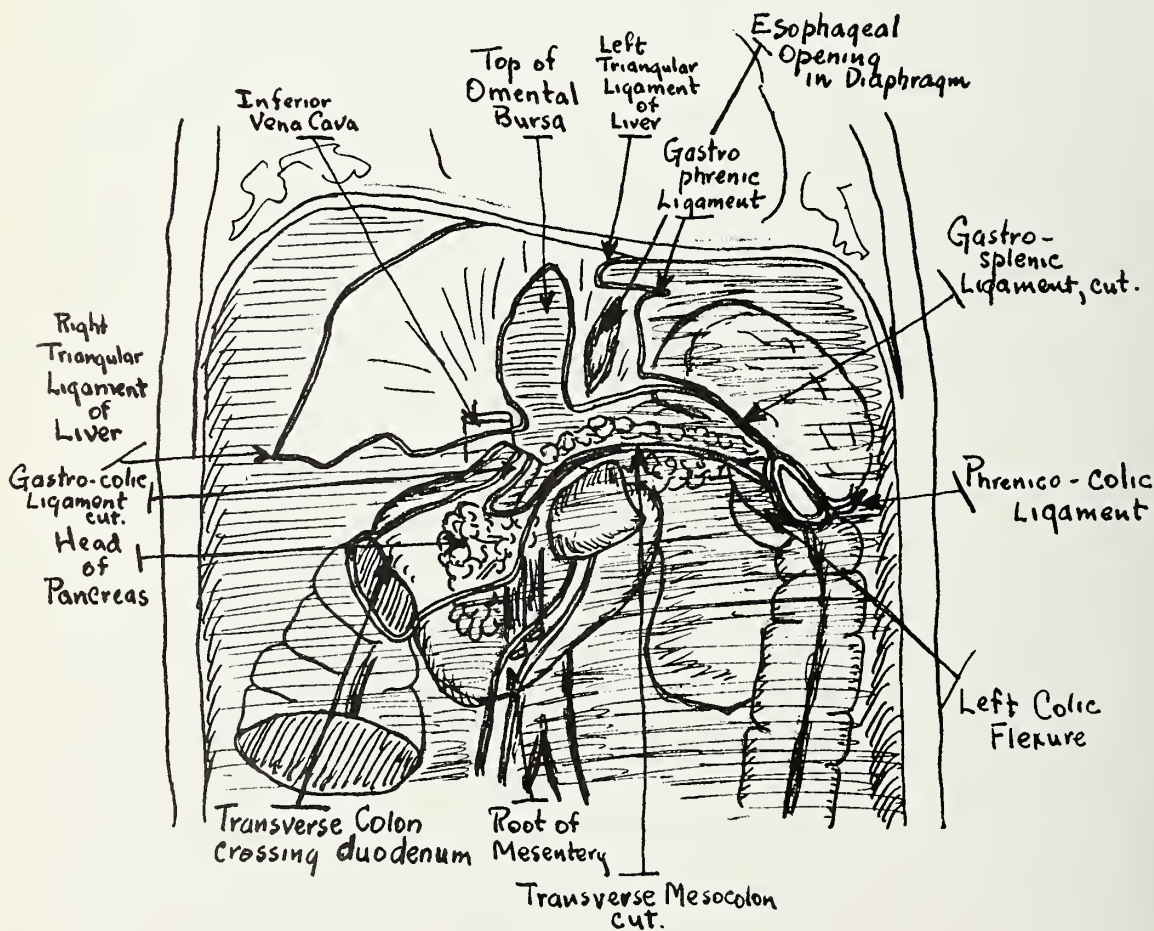


PLATE 3.

of anomalies resulting from errors in any of the three stages of development described above. If development is arrested at the first stage, omphalocele or exomphalos is the result, a condition said to occur once in 5,000 to 6,000 newborn infants as pointed out by Morrison and Neville in a recent article<sup>5</sup>. The errors of rotation occurring in the second stage may be of three main types. First, there may be "nonrotation", the coils returning from the umbilical sac to the abdomen en masse and retaining their primitive arrangement with jejunum and ileum on the right, large bowel on the left, and ileum entering cecum from right to left. Second, and more commonly found, the failure of rotation may be incomplete and the resulting intestinal pattern is intermediate between non-rotation and the normal postnatal disposition. This condition is termed "malrotation". And third, the distal limb of the midgut loop may precede the proximal limb in the return to the abdominal cavity. The cecum, then, will pass from left to right behind the superior mesenteric artery, a final clockwise rotation of 90 degrees results, and the transverse colon comes to lie behind the duodenum. This is spoken of as "reversed rotation".

These changes neither cause immediately, nor even, of themselves, make inevitable the development of an intestinal obstruction. However, in any such anomalous development, the duodeno-jejunal junction is apt to remain abnormally close to the ileocecal junction and the resulting mesenteric root of the small intestine will be abnormally short, an ideal situation for the possible production of volvulus. Moreover, the normal fixation of cecum and ascending colon may be interfered with during the third stage, and the resulting "cecum mobile" or "mesenterium commune" may increase the susceptibility to volvulus in this portion of the gut. And finally, there is increased likelihood of the persistence of abnormal peritoneal bands which may compromise the lumen of the duodenum or other portions of the intestine, for as McIntosh and Donovan<sup>2</sup> point out, "congenital peritoneal 'adhesions' are more frequently related to the developmental process of fusion than to a presumed intrauterine inflammation".

#### CASE REPORTS

Case I. B.A.R., a female infant, first child of healthy parents, full term normal delivery, birth weight seven pounds seven ounces, was first seen by the writer on the sixth day after its birth because of persistent vomiting of everything given by mouth since birth. The vomitus was markedly biletinged. The only stools passed consisted of a small amount of greenish mucus. There had been progressive weight loss to six pounds two ounces. The

physical examination was not remarkable except for the evidences of weight loss and dehydration. The writer was unable to palpate any abnormal abdominal mass; but a soft rounded mass was reported by the roentgenologist to be palpable at the time of fluoroscopy in the region of the pylorus. The roentgenologist's diagnosis, after his interpretation of gastro-intestinal x-ray studies, was "hypertrophic pyloric stenosis". The clinical evidence pointed rather to an obstruction of the intestinal tract at some point just below the second portion of the duodenum. The infant was supported preoperatively with parenteral fluids, and laparotomy was done by Dr. C. C. Nesselrode on the infant's tenth day of life.

At operation, both the stomach and duodenum were found much dilated. There was no pyloric mass. The obstruction was determined to be at the third portion of the duodenum, the bowel lumen being here compromised both by periduodenal adhesions and an anomalous position of the colon which was thrust in behind the duodenum. An excessive pull or drag on the ligament of Treitz also seemed to contribute to the obstruction. The operator released the periduodenal adhesions and upon lifting the ligament of Treitz, gas was found to pass readily from the stomach into the small intestines.

After operation, the infant's progress was quite satisfactory. After a four ounce weight loss to five pounds ten ounces during the first four postoperative days, a steady weight gain during the next 10 days brought the weight up to six pounds six ounces. The only complication was a mild stomatitis due to thrush, which cleared promptly under gentian violet therapy. Abruptly on the 14th day after the first operation, however, there was a recurrence of vomiting and a rapid weight loss to five pounds eight ounces in two days. The abdomen was reopened on the 18th postoperative day, and conditions were found practically duplicating those at the first laparotomy. The duodenum was again mobilized and the abdomen closed. Following this second operation, the infant's progress was entirely satisfactory, and, after 23 days, during which there was a weight gain from five pounds ten ounces to seven pounds eight ounces, she was dismissed. The patient has now remained clinically well for 18 months.

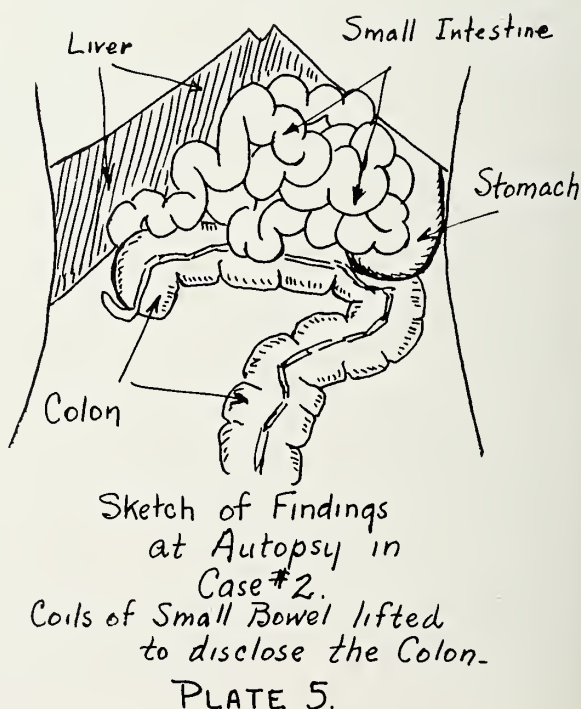
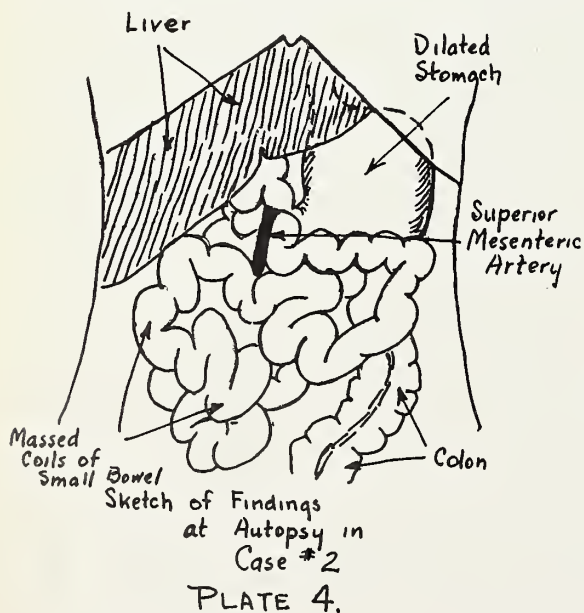
Case II. M.K., a male infant, full term, normal delivery, birth weight six pounds seven ounces, was first seen by the writer on the seventh day of its life because of persistent vomiting of everything taken per os. Jaundice had been noted since the first or second day. Physical examination revealed the usual evidences of weight loss, 16 ounces in one week, and dehydration. Jaundice was marked; the veins over the anterior abdominal wall were unusually prominent; there were no waves of gastric

peristalsis observed; and no abnormal abdominal masses were palpable. Except for a moderate leucopenia on the first determination the blood picture was within normal limits on each of the three occasions it was checked during the second and third weeks of the infant's life. The icterus index was recorded as 75 on the seventh day and 65 on the 14th day. Parenteral fluids were given to support the infant, but vomiting and weight loss continued. A flat plate of the abdomen taken on the 14th day was interpreted by the roentgenologist as giving no evidence to indicate an intestinal obstruction. On the next day, however, his interpretation of a gastrointestinal series after an opaque meal led him to a diagnosis of "pyloric obstruction". The fact that the vomitus had been consistently bile stained was clinical evidence for placing the level of obstruction at a point just below the second portion of the duodenum. Laparotomy was done on the 18th day by Drs. H. H. Hesser and J. H. Luke. At operation, a mass of coils of small intestine was found to overlie and obscure the transverse colon; and the cecum and appendix were found lying posterior to this mass in the right upper quadrant. This anomalous position of all the intestinal tract supplied by the superior mesenteric artery was apparently the result of a reversed rotation of the fetal midgut loop, and the resultant abnormal position of the superior mesenteric artery contributed its share to the obstruction of the second portion of the duodenum. No volvulus of the small intestine was observed; and the obstruction found did not seem to be absolute. The periduodenal adhesions present were relieved, but it was not felt that this could give complete relief of the obstruction. The infant failed rapidly after operation; and, although a blood transfusion

and administration of parenteral fluids were used in the supportive effort, the patient died 24 hours post-operatively. An autopsy was done, and the essential findings were those described at the laparotomy (Plate 4 and Plate 5).

#### COMMENT

The anomalous position assumed by the alimentary tract was found to be essentially the same in each of these two cases. Both seem to be examples of "reversed rotation", the cecum having led the way back into the abdomen from the umbilical sac at the beginning of the second stage of intestinal rotation in the fetus. Thus, a 90 degree clockwise rotation had, in each case, come to replace the normal 270 degree counter clockwise rotation, placing the colon behind the duodenum. This condition is reported far less frequently in the literature than are cases of "nonrotation" or "malrotation", and the associated obstruction does not yield so readily to attempts at surgical repair and relief. In the first case, the surgeon could not be certain his repair would bring permanent relief from obstructive symptoms, as evidenced by the necessity for a second laparotomy 18 days after the first. In the second case, a situation was found that completely defied any real effort at surgical relief. The much commoner type of obstruction associated with nonrotations or malrotation is volvulus which may be accompanied by some periduodenal adhesions. Such causes for obstruction usually yield readily to surgical correction by techniques described by Ladd.<sup>6,7</sup>



## CONCLUSIONS

1. The normal fetal development of the intestinal tube has been described with special emphasis upon the process of normal rotation of the midgut loop.
2. The more common errors of development inherent in this complicated process have been cited.
3. Two cases have been presented which illustrate the anomalous development of the intestinal tract which results from a reverse rotation of the midgut loop.

## Therapeutics Clinics at K.U.

The School of Medicine of the University of Kansas, in cooperation with the Kansas Medical Society and the State Board of Health, has announced general therapeutics clinics as a form of postgraduate medical study from October 29 through November 2, 1945. The program will be presented at the School of Medicine, Kansas City, Kansas, as follows:

**Monday, October 29, 1945**

- 8:30 A.M. Cardiac Failure—Graham Asher, M.D.  
 9:30 A.M. Care of Burns—Earl C. Padgett, M.D.  
 10:30 A.M. Intermission  
 11:00 A.M. Pleural Shock—Joseph Capps, M.D.  
 12:00 M. Treatment of Measles, Scarlet Fever and Mumps—Frank C. Neff, M.D.  
 1:00 P.M. Luncheon  
 2:00 P.M. Treatment and Follow-Up of Carcinoma of the Cervix—L. A. Calkins, M.D.  
 3:00 P.M. Physical Medicine in the Management of Some Frequently Encountered Neuro-Muscular and Skeletal Disorders—  
 Gordon Martin, M.D.

**Tuesday, October 30, 1945**

- 8:30 A.M. Blood Disease—C. J. Weber, M.D.  
 9:30 A.M. A Resume of Treatment of the Prostate—  
 Nels F. Ockerblad, M.D.  
 10:30 A.M. Intermission  
 11:00 A.M. Appendicitis and Peritonitis—  
 Nathan A. Womack, M.D.  
 12:00 M. Diagnosis and Treatment of Diseases of the Biliary Tract—W. P. Callahan, M.D.  
 1:00 P.M. Luncheon  
 2:00 P.M. The Acute Ear—L. B. Spake, M.D.  
 3:00 P.M. Surgical Diseases of the Colon—  
 Nathan A. Womack, M.D.

**Wednesday, October 31, 1945**

- 8:30 A.M. Physical Aids for the Handicapped Child—  
 Gordon M. Martin, M.D.  
 9:30 A.M. Treatment of the Fractured Skull—  
 Frank R. Teachenor, M.D.  
 10:30 A.M. Intermission  
 11:00 A.M. Practical Use of Obstetrical Forceps—  
 Robert H. Maxwell, M.D.  
 12:00 M. —Management of the Second Stage of Labor—  
 L. A. Calkins, M.D.  
 1:00 P.M. Luncheon  
 2:00 P.M. Diseases of Metabolism—D. C. Peete, M.D.  
 3:00 P.M. Tumor Clinic—Radiology and Pathology—  
 H. R. Wahl, M.D.; Ward W. Summerville,  
 M.D., and G. M. Tice, M.D.

## BIBLIOGRAPHY

1. Ladd, W. E., Donovan, E. J., and Gross, R. E.: Panel Discussion on Intestinal Obstruction in Infancy, *J. Pediat.* 21:264, 1942.
2. McIntosh, Rustin, and Donovan, Edward J.: Disturbances of Rotation of the Intestinal Tract, *Am. J. Dis. Child.* 57:116, 1939.
3. Frazer, J. E., and Robbins, R. H.: On the Factors Concerned in Causing Rotation of the Intestine in Man, *J. Anat. & Physiol.* 50:75, 1915.
4. Hunter, R. H.: A Note on the Development of the Ascending Colon, *J. Anat.* 62:297, 1928.
5. Morrison, H. J., and Neville, R. L.: Omphalocele with Congenital Obstruction, *Am. J. Dis. Child.* 65:781, 1943.
6. Ladd, W. E.: Congenital Obstruction of the Small Intestine, *J. A. M. A.* 101:1453 (Nov. 4) 1933.
7. Ladd, W. E.: Surgical Diseases of the Alimentary Tract in Infants, *New England J. Med.* 215:705, 1936.

**Thursday, November 1, 1945**

- 8:30 A.M. Shock Treatment—A. T. Steegman, M.D.  
 9:30 A.M. Arthritis—P. T. Bohan, M.D.  
 10:30 A.M. Intermission  
 11:00 A.M. Differential Diagnosis of the Red Eye—  
 A. D. Rudeeman, M.D.  
 12:00 M. Erythroblastosis Foetalis—  
 George V. Hermann, M.D.  
 1:00 P.M. Luncheon  
 2:00 P.M. Central Nervous System Syphilis—  
 Edward T. Gibson, M.D.  
 3:00 P.M. Subject to be announced—C. C. Dennie, M.D.

**Friday, November 2, 1945**

- 8:30 A.M. Role of the Pediatrician and General Practitioner in Diagnosis and Treatment of Behavior Problems in Children—  
 Herbert C. Miller, M.D.  
 9:30 A.M. Treatment of Diseases of the Gastro-Intestinal Tract—T. G. Orr, M.D.  
 10:30 A.M. Intermission  
 11:00 A.M. Poliomyelitis—Herbert Wenner, M.D.  
 12:00 M. Clinical Examination of Back Diseases—  
 Frank Dickson, M.D.  
 1:00 P.M. Luncheon  
 2:00 P.M. Experiences with Sulfonamides and Penicillin—Ralph H. Major, M.D.  
 3:00 P.M. The Placenta in Relation to Foetal Mortality—L. A. Calkins, M.D.

Fractures of the head and neck of the radius are far more common than has been realized until recently. Ordinary antero-posterior and lateral x-rays views may sometimes not demonstrate the existence of this fracture, when it can readily be detected with oblique views. This fracture often occurs singly or in combination with other fractures in the region of the elbow or with dislocation of the elbow. With this fracture swelling develops more slowly than with other elbow fractures, but it continues to swell for several days and develops maximum swelling usually two or three days after the occurrence of the fracture. There is usually quite severe pain with efforts at pronation and supination of the arm. There is usually not a great deal of displacement in these fractures and immobilization alone is usually sufficient. Where there is sufficient displacement of the fragment to prevent normal motion of the head of the radius against the capitellum of the humerus, or to obstruct motion through the radio-ulnar articulation, it becomes necessary to expose the head of the radius and to either replace or remove the fractured fragments, or to remove the head and neck of the radius. Removal of the head and neck of the radius should be avoided in children whenever possible.—David W. Boyer, M.D., in *Rocky Mountain Medical Journal*.

## PRESIDENT'S PAGE

*To The Members of The Kansas Medical Society:*

The panel committee on national legislation has finished drafting the panel for Kansas and is submitting it to the members of the council for any corrections or additions they may wish to make. In drafting this panel, the committee has endeavored to make it as compact as possible, and yet cover the various points that we feel will be important in national legislation. We will have the opportunity, before this is presented to the councils of the different states, of attending one of our national meetings on Medical Service and Public Relations. The president and the president-elect will be the delegates from Kansas, and they will be accompanied by the executive secretary.

On October first and second the postgraduate committee met with the administrative officers of the Graduate and Medical Schools of the University of Kansas. It is very hard at this time to estimate the number of ex-service men who will desire graduate work, but all available information leads us to the following conclusion: A great many of them will be able to qualify for the GI Bill of Rights and may therefore accept residencies under this act. Unless the men take a semester or more of work they will not be eligible for these benefits.

The University of Kansas is arranging to add twenty-three additional residencies in the various specialties and is planning to offer training of three types for returning service men. First, it will give training in specialties for men planning to qualify for the various specialty boards. As has been the custom in the past, this is being offered by individual departments as part of the residency program. Second, for men planning to enter practice who have completed their internships, a general refresher course has been planned which will cover the general fields, such as medicine, surgery, and pediatrics. The length of these courses is still undetermined, and probably will be decided by the instructors and the men. Third, still another type of refresher course has been organized. It will be a postgraduate course covering one or two weeks and will be given at recurrent intervals.

Other refresher courses in some of the larger centers of the state are also under consideration. Under this plan it will be possible for the ex-service man to assist various specialists in the particular fields in which he is interested, and also attend lecture courses. In some of the larger hospitals throughout the state which do not have interns, we are endeavoring to work out residencies under the sponsorship of various physicians whereby an ex-service man may serve as an extern for a period of several months.

At the present time there is a little over forty thousand dollars in the postgraduate fund. Many of the counties in Kansas have not yet been visited. Dr. Jones hopes that, in the near future, he will be able to attend meetings in some of these counties. We feel that this fund will be substantially increased and that a great many of the men who have not already contributed will realize the importance of helping the service man who has given of his time and sacrificed his opportunity to become established. The postgraduate committee will endeavor to disburse it in a fair and equitable manner. We should not let any personalities influence us but should support this worthy project wholeheartedly and unstintedly. We are faced with many important problems but, with the splendid cooperation of our University and all the physicians of Kansas, we are assured we will not fail our returning service men.

*Sincerely yours,*

A handwritten signature in dark ink, appearing to read "W. Allen Smith, M.D.", written in a cursive style.

President

## EDITORIALS

### Now That the War Is Over

Japan struck at Pearl Harbor and immediately doctors began to volunteer their services to the armed forces. Four hundred practicing physicians of Kansas closed their offices, wished their patients well, and were off to war. An additional two hundred entered from Kansas upon completing their internships.

The Medical Society and its civilian members were in the war too. The Society, as did every other organization in this nation, concentrated its entire effort in that one direction. But not without misgivings. An introspective glance gave promise for a dismal future in regard to physician shortages for civilians.

After the hysteria of the first desperate months of the struggle lengthened into years, these fears became realities. Patient-physician ratios were studied, and conceptions of adequate care had to be revised. At first it was one doctor for 1,200, then 1,500, then 1,800. Critical areas grew not only in number but also in size and degree. One doctor served 5,000 and more in several areas.

But the war was still on and the Medical Society continued its total support. Overworked doctors died in alarming numbers. Each death left additional unfilled vacancies. The public became fearful and cried for more doctors. And the Medical Society answered—the only possible answer at the time.

The luxury of medical care was removed. Essential care was now and would always be available. Doctors were working harder and longer to protect the civilian health. Everything possible was being done. It was war, and war meant sacrifice.

Then news began to filter back from men in the service of how their talents were unused and their time wasted. Stories arrived of long months spent on all but uninhabited islands, of surgeons who had not been in an operating room for a year, of doctors crowded into hospitals where six or eight fought over the chance to see one patient. These were not isolated instances or examples of disgruntled individuals. These were sincere complaints by men who felt they could aid the war effort better at home where they were busy.

But the war was still on and the Medical Society continued its loyal support. At this distance it was folly to judge the need for medical officers, so the Society held its voice. Even in the face of certain critical legislators who used the physician shortage as an argument for expanding the rights of cultists,

the Medical Society gave complete approval of the military program. The war was still on.

Now, however, peace is declared and the public has a right to adequate medical care according to peacetime equations. Today the healthiest young men in the nation no longer need more than one doctor for 166 persons, while the less fit in civilian life have one for 1,500.

Today it is no longer essential to sacrifice the civilian doctor while those in the service sit idly waiting for a chance to come home so they may be active.

Now the chief interest of the Society is in giving care to the people at home. This is in no way intended to mean that those soldiers who were wounded should be neglected. It means only that when the nation needed doctors, they responded to the call and that now those thousands whose military value has ended should be permitted to return.

The Kansas Medical Society has not complained during the war, nor is it complaining now. This is a sober declaration of policy for the civilian doctor, for the medical officer, and for the public at large. The Society has begun and will continue to utilize every channel at its disposal to assist in any way possible the return and relocation of its doctors in the service, both collectively and individually. If an individual is essential to the service, the public and that individual have a right to be told why. If he is no longer essential, the public has the right to expect his return. And the Medical Society intends to voice the will of the public. Now!

### The Pepper Bill

Several weeks ago Senator Pepper, together with nine other members of his committee, introduced a bill entitled the Maternal and Child Welfare Act of 1945. In general it is a glorified continuation of the EMIC program which was brought into being purely as a war measure.

There have been doubts since its inception that the EMIC program would gracefully back out of the picture when the emergency ended. The determination on the part of its administrators that every state should cooperate and the increasing volume of regulations and directives that have been issued have contributed to the rather general uneasiness expressed by the medical profession.

One state society has issued an analysis of the EMIC, declaring that this organization plans to control and administer all medical and surgical care for eligible wives, that it will definitely be expanded into the post-war time and that attempts will be made to place all maternity and all pediatric care under this program. This same organization laments the fact that advisory committees are essentially without voice and that recognition of state medical so-

cieties has never been given, even though their co-operation has been essential.

With the introduction of the Pepper bill, the medical profession at least learned how one group in Washington hopes to see the EMIC continued. After months of investigating the problem of medical care or its lack, after assembling volumes of statistical information and testimony on the subject, Senate Bill 1318 was placed before the Congress. It provides assistance in three general categories, child welfare services, crippled children's services, and maternal and child health services. The last named is Section 1 and is of primary importance to the medical profession.

It provides for this plan to be administered by the state health agency under the direction of the Children's Bureau of Washington and the Department of Labor. General policies, standards, and allotments shall come from Washington. Distribution within the state shall be made by the State Board of Health. It is provided that a general advisory council shall assist the state agency, made up from those who furnish the care and other persons representing the public. Allotments shall be made on a matching basis, and physicians may be paid on a per capita, salary, per case, or fee for service basis.

Regarding eligibility the bill states that such methods of administration of medical care shall be adopted "as will insure the right of mothers and children, or persons acting in their behalf, to select, from among those meeting standards prescribed by the state health agency in accordance with methods set forth in the state plan, the physician, hospital, clinic, or health service agency of their choice (provided that the physician, hospital, clinic, or health service agency selected may refuse to accept the case) . . ." The bill talks of "adequate remuneration for the persons and institutions providing medical care and related services; opportunities for post-graduate training of professional and technical personnel", etc.

It appears, therefore, not only that something like the EMIC program will continue into the post-war era but that an attempt will be made to include eligibility for those services to all women, regardless of economic conditions, and rumor has it that concentrated effort will be made to sidetrack all other health legislation until this bill has passed.

Senator Pepper made a long speech at the time this bill was introduced. He began by pointing to the physical rejections under Selective Service as a national peril and said, "It is a mockery for a nation to demand service from citizens to whom as children it denied the opportunity to prepare for such service." Without comment on how the nation with the best trained doctors in the world and the best

medical distribution on earth denies its children the opportunity for health, he goes on to state that this is a responsibility the government owes to the rich and poor alike.

Senator Pepper argues that the patient is free to select the doctor he wants and the hospital he wants, and that eventually both the public and the medical profession will prefer this plan to any other. He presents tables showing the maternal and infant death rates in all states and points out the number of babies and mothers that could have been saved had all states equalled the record of the best.

For instance, Connecticut, at 29.8 per thousand live births, had the lowest infant mortality rate in 1943. Kansas was only six below Connecticut with 33.6. Senator Pepper shows that had Kansas' infant mortality rate equalled that of Connecticut, 139 babies that died that year would have lived.

For maternal mortality Kansas does not stand so well, being the 21st state, with Minnesota first, losing 14.4 mothers for each 10,000 live births. Kansas lost 21.4, and might have saved an additional 25 mothers that year. According to his statistics, if all states equalled the best in 1943, 31,029 babies and 2,972 mothers would have been saved.

Credit for recent improvement is given by Senator Pepper to the Social Security Act and its program. He insists that under present administration of this Act, the infant mortality rate has been reduced one-fourth and maternal mortality has been cut in half. He anticipated a still further reduction should S. 1318 be passed, and recommends that this is still far from the goal. In fact, he defines these efforts as a "modest beginning" in hopes that in the near future this program, or one that is similar, will be greatly expanded.

The above analysis of this bill and excerpts from Senator Pepper's speech have been given without an attempt to answer statements he has made. Immediately many possible answers come to mind. The statistics, for instance, were applied to his advantage but could have various interpretations. It is understood that the EMIC is asking for figures on a comparison of the death rate between those under the program and those not under the program. Here again it is highly possible that many variables that go into the comparison of these figures will not be given a fair hearing unless the medical profession quickly finds a voice and makes that voice heard in the Senate. An expression of this kind must come with authority and must represent the profession all over the nation. Unless this can be found in the next few weeks, there is little reason to hope that the close of the war will presage relinquishing of federal controls that now apply to the medical profession.

## EXECUTIVE OFFICE

### COUNTY SOCIETY TAX LIABILITIES

*Editor's Note: The following report is the result of considerable effort that has been made to answer questions pertaining to tax liability of the various component county societies. This problem is here analyzed for your information and assistance. A copy of this report might be retained by each county society as an aid in directing its future course as far as taxation is concerned.*

During the past several months the Kansas Medical Society, through its secretary and attorney, has been making a study of the Federal tax liabilities that confront County Medical Societies. When the study was begun it was announced that the findings would be published as soon as completed. The outline below is presented for the assistance of the County Medical Societies.

#### Introduction

Since 1936 Medical Societies have been required by law to file annual tax exemption affidavits. The necessity for this was not generally known until the fall of 1944 and at this time all County Societies were advised to comply with the regulation.

Two Federal forms, 1023 and 1024, are available for this purpose. The proper form to use depends upon the existing situation. These forms cover detailed information regarding the charter, constitution, and activities of the individual Society and include a financial statement for the year just ended. The questions ask for detailed information, and proper answers require considerable time and thought.

After the proper form is completed and forwarded the County Societies will ultimately receive a reply from the Department of Internal Revenue in Washington. If the Society is held to be taxable, then the tax forms must be filled out and returned. If the Society is held to be exempt, no tax form need be forwarded. If an exemption is granted, the Society presumably will continue to be tax exempt, year by year, until such time as the Internal Revenue Code is amended or the activities of the Society are changed.

If the Society is declared exempt it is still necessary to file the annual information return. This must be mailed not later than the fifth month after the close of the fiscal year covered by the report. In most instances the date will be the month of May each year.

For years subsequent to that of the first filing there is a short form, No. 990, which may be used. The detailed informational form first required is not again necessary unless the activities of the Society change. If present practices continue a reply will be received each year which, in all probability, will continue to grant tax exemption to those Societies already held to be exempt.

Each Society, incorporated or unincorporated, is required to make annual returns. When the first report is made this will take much time. In subsequent years it should be comparatively simple to comply with the requirements that are included in Form 990.

#### Claims for Exemption

There appear to be only two sections of the Internal Revenue Code under which a Medical Society may be exempted from taxation. Exemption will be granted on the basis of a Society coming directly under one of these sections. If neither completely applies to the situation, then, in all probability, the Society will be held taxable.

The first of the sections above referred to is 101(6). This exempts the following:

"Corporations, and any community chest, fund, or foundation, organized and operated exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals, no part of the net earnings of which inures to the benefit of any private shareholder or individual, and no substantial part of the activities of which is carrying on propaganda, or otherwise attempting to influence legislation."

The second section under which a Medical Society might be exempt is 101(7). This section applies to business leagues, chambers of commerce, real estate boards, or boards of trade and similar organizations not organized for profit and no part of the net earnings of which inures to the benefit of any private shareholder or individual.

So long as the Medical Society is engaged in no activities other than those that can be classified as scientific purposes, the Society probably will remain tax-exempt under 101(6), but if activities expand so that the Medical Society becomes an agency in or for performing services other than those that may be strictly classified as scientific, then a possible exemption might be obtained under 101(7).

It should be noted that no exemption will be allowed unless all of the qualifications in one or the other of the two sections are met. Thus, it is readily seen that a Medical Society taking any interest in the formation of legislation will not be exempt under 101(6). Under Section 101(7) certain legislative activities are permitted, but in neither instance is compensation permitted to go to any member of the Society and the Society maintain its tax-exempt status.

#### Contracts With Welfare Boards

During the last few years County Medical Societies have in many instances entered into agreements with County Welfare Boards whereby medical care for the indigent of the county is assured. In many of these contracts the Board of Social Welfare is a party and the County Medical Society is a party thereto. In return for a certain consideration, the Medical Society agrees to supply medical attention for indigents. Various members of the Medical Society are then requested to cooperate in this program, and the amounts paid by the County Welfare Board are divided on a basis of work performed or equally among the members of the Society. It has been held, in both such instances, that such a contract renders the County Society taxable, because the individual members receive a part of the net earnings of the Society or, stated in another way, the net earnings of the Society inure to the benefit of a private individual. As long as contracts of this nature are entered into by the County Medical Society, it is felt that the Society will be held taxable.

If a County Society wishes to remain tax exempt and retain its status as a scientific or as a service organization, then it must abandon its contract with the Board of Social Welfare.

The identical services may still be rendered by the individual members of the County Society and a contract with the Board of Social Welfare for such services may still be made in various ways, provided, however, the Medical Society must not be a party to the transaction.

The members of the County Society in their individual capacity could enter into a contract with the Board of Social Welfare. One individual physician could be assigned to make such a contract in his own name and undertake to guarantee medical care for the indigent. Finances might be handled in most any way that is desired except

that the Medical Society, as such, should have no part in the program.

It should not be understood that this report recommends that no Medical Society should enter into a contract of the nature discussed. It is merely the studied opinion of those making the investigation that County Medical Societies, if they continue to contract with County Welfare Boards, will be held subject to income taxes.

#### Social Security Tax

The County Societies which have been declared subject to income tax face a further complication under the Social Security Act. An additional tax will be required. The Internal Revenue Department has ruled that all doctors participating in a contract, found to be taxable for income purposes, automatically become employees of that particular Society. Under Titles VIII and IX of the Social Security Act, §§811 (b) (8) and 907 (c) (7) may be found the provisions applicable to this discussion.

The substance of these provisions is that "employment" means any service rendered except those services performed in the employ of a corporation, community chest, community chest fund, or foundation organized and operated exclusively for religious, charitable, scientific, literary or educational purposes, or for the prevention of cruelty to children or animals, no part of the net earnings of which inures to the benefit of any private shareholder or individual.

The context of these sections, as will be noted, is very similar to that of § 101(6) hereinbefore mentioned. It is therefore reasoned that an organization held to be subject to income tax is also taxable under the Social Security Act and each physician's indigent earnings will be liable for Social Security taxes.

Eventually each Society will be separately and individually examined by the Internal Revenue Department and, if found taxable, those taxes, together with interest from 1936, will be assessed.

If it is the wish of the Medical Society to avoid the necessity of paying Social Security taxes on income received from the Welfare Boards, then contracts should be made in the individual capacity and not as the Medical Society.

#### Kansas Unemployment Compensation

The County Societies held taxable under the Income Tax Law will eventually receive a questionnaire from the Department of Kansas Unemployment Compensation. This will be Form No. 408 which must be filled out and returned.

The general situation regarding this state tax is as follows:

If the Medical Society is declared to be taxable for Federal Income Tax purposes, then all officers of the Medical Society must be considered employees whether they were paid or not. If there are eight officers or more, even though they do not receive a salary, the Society is subject to taxation under the Kansas Unemployment Compensation Law.

If the Medical Society is held to be tax exempt by the Department of Internal Revenue, then for the purpose of Kansas Unemployment Compensation, the Society considers only those officers or employees making \$45.00 or more a quarter. If, under this condition, there are eight or more, then that Society will be considered taxable under the Kansas law.

Form No. 408, so we are advised, is filled out only once. It will then be placed on the record not subject to change unless a change occurs in the rulings of the Internal Revenue Department in reference to the tax exempt status of the Society.

For the purpose of a recapitulation in this respect it may be stated: eight or more employees are necessary before a Society is taxable under the Kansas Unemployment Compensation Law. If the Society is held to be taxable by the Internal Revenue Department, then all of the officers of the Society are considered to be employees whether or not they receive any compensation. If the organization is held to be tax exempt, then only those employees who receive \$45.00 or more a quarter are considered to have taxable salaries.

#### Conclusion

As earlier stated this analysis has been prepared by the Kansas Medical Society acting through its secretary and attorney. Much time has been spent in an effort to untangle the situation and many conferences have been held with the various agencies involved.

No attempt is made to advise any County Medical Society concerning the course of action it should follow. This has not been the aim or purpose of the study or this analysis.

If any Society feels that it desires to continue as a taxable organization, then the analysis here offered is of no benefit to that particular Society. If, however, the particular Medical Society should desire to retain its status as a scientific or a service organization, exempt from federal income tax, social security tax and Kansas unemployment taxes, then the manner of operation to accomplish this result has, in our best judgment, been outlined.

It should also be remembered that all of the laws discussed are in the process of frequent amendments. The situation outlined is, in our opinion, based upon the various laws as they exist today. Tomorrow the situation may be different, but we think the underlying and fundamental principles will probably remain the same.

The Kansas Medical Society offers this analysis as a service to the component County Societies as a result of the many inquiries received and the apparent confusion that exists. If officers of County Societies have further questions regarding this subject, kindly address all correspondence to the Executive Office, 406 Columbian Building, Topeka, Kansas.

#### ICS Convention and Convocation

The International College of Surgeons will hold its tenth annual convention and convocation on December 7 and 8, 1945, at the Mayflower hotel, Washington, D. C. A scientific program is arranged for both days, and approximately 200 men will receive fellowships. Convocation exercises will be held Friday evening, December 7, in the Mayflower auditorium.

#### House of Delegates in December

The annual meeting of the House of Delegates of the American Medical Association will be held at the Palmer House in Chicago for four days beginning December 3, 1945. Ordinarily held in June, the session was delayed this year because of wartime travel restrictions. Approximately 200 delegates and Association officials will attend.

Dr. Olin West, secretary of the American Medical Association, reports that the session will be devoted to consideration of many problems of great significance for the future of medical practice. "The House," he said, "will consider many questions related to medical services and establish policies for the medical profession."

Dr. Herman L. Kretschmer, Chicago, is completing his term as president of the Association and will be succeeded by Dr. Roger Irving Lee, Boston.

# POSTGRADUATE EDUCATION—

Graduate education for physicians is receiving more attention year by year. Only a short while back that subject implied closing your office for months to study in some far-away place. While nothing, except the war, has altered those opportunities, interest in graduate training has widened to the point that doctors everywhere want to take advantage of refresher courses even though it is not always expedient for them to leave their practices for long periods.

So the Medical Society, through cooperation with the School of Medicine at Kansas University and the State Board of Health, is bringing these courses to the local community. Short, intensive programs are prepared which offer prominent physicians lecturing on their specialties. Enrollment is open to all doctors of medicine and the fees are far less than the actual cost of presenting the course.

Although the war interfered with the regular series of four courses, two were held during the past year. These were presented in five cities, Kansas City, Parsons, Salina, Wichita and Topeka. The first, on Obstetrics and Pediatrics, had an enrollment of 188. The second, on Poliomyelitis, had an enrollment of 180. The total was 368 of which 316 actually attended.

Interest in these touring clinics is increasing. For the coming year additional courses are being planned and announcements will be made as soon as the faculty can be arranged.

\* \* \*

A second item on the story of graduate education for Kansas doctors concerns Kansas University. A Graduate School has been organized at the School of Medicine. Edward H. Hashinger, M.D., has recently accepted the position of dean for the Graduate School.

A five-day review of the major fields of medicine will be offered on October 29 to November 2. All doctors of Kansas are invited to attend this course. Enrollment will not be limited and there is no fee. Address your application either to Dr. Hashinger, to Dean Wahl, or to Mr. Harold G. Ingham, director of the Extension Division.

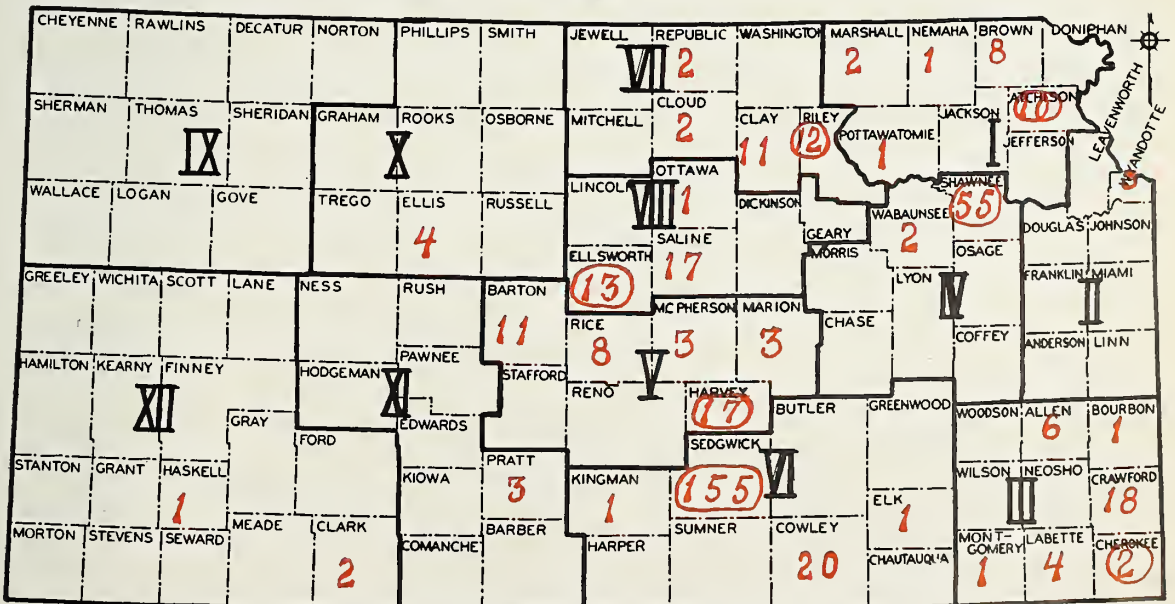
There is a third story on Graduate Education which for the moment takes precedence over the others. You already know that the Kansas Medical Society is raising a fund of \$100,000 through voluntary subscriptions. This money will be used to assist medical officers of Kansas in obtaining graduate education before re-entering private practice.

The fund is controlled by five doctors, H. H. Jones, M.D., Winfield, chairman of the Graduate Education committee; W. P. Callahan, M.D., Wichita, president, Kansas Medical Society; and three doctors who have returned from service. Their action will determine amounts to be distributed but certain principles have already been set.

This money is distributed as a gift. It is not a loan and is not to be returned. Benefits are offered to every doctor who represented Kansas and served in this conflict. Benefits will be payable in cash to the individual who will select the type of education he wishes and the place it is to be received. The Kansas Medical Society is offering only financial aid, all other arrangements are to be made by the medical officer himself. For further information, please write Dr. Harold H. Jones, Winfield, or to the executive office, 406 Columbian Building, Topeka.

A map showing donations is printed the second time in this issue of the Journal. The figures represent amounts given in hundreds. A five, for instance, represents \$500. Figures that are circled indicate that additions have been received from that county since July when the previous report was made. Since July there has been an increase of \$3,250, making the present total \$39,493.75.

In the near future many doctors will return from service. They want to take advantage of this fund before going into practice. Donations are needed especially at this time if the fund is to be of value. The average gift has been \$100. Two have been received for \$1,000 each, and several for less than \$100. Any amount is acceptable but since it is needed now and since each doctor will want to have a part in this expression of thanks, will you kindly mail your check or, if you prefer, send a bond to the executive office.



The figures in red on the map above represent contributions in hundreds of dollars. Those figures which have been increased since the map was last published, in the July issue, are encircled in red.

## MEN IN SERVICE

Dr. Harold F. Spencer, Garnett, now serving in the Navy, has been promoted to the rank of lieutenant commander.

Major Harry J. Veatch, who has been chief surgeon at the air force station at Fort Thomas, Kentucky, and recently commanding officer of the installation there, is being released from the service and is returning to his practice in Pittsburg.

Two Kansas physicians serving in the Army Medical Corps have recently been promoted to the rank of lieutenant colonel, Dr. Ernest E. Harvey, Salina, and Dr. William B. Lee, Kansas City.

Dr. Maurice V. Laing, Kansas City, is now chief of surgical service with the 220th General hospital in France. He has been in the service since August, 1942, and was stationed at Baxter General hospital in Spokane for two years before going overseas. A recent promotion gives him the rank of lieutenant colonel.

Lt. Col. Don Wakeman, who has been in the Army four years and has served in England and France for the past 18 months, has returned to the United States and is spending a leave at his home in Topeka.

Dr. Donald R. Davis, who was recently released from the Army Medical Corps after having served in the Pacific and at various stations in the United States, has returned to his home in Dodge City and is re-opening his office there.

Major Robert H. Riedel, Topeka, is now on terminal leave after having served with the Army Medical Corps in Washington.

Two Kansans, Capt. Edward T. Jones, Manhattan, and Capt. William C. Weir, Jr., Paola, were among the 145 medical officers who completed the Aviation Medical Examiners' course at the Army Air Forces School of Aviation Medicine, Randolph Field, Texas, last month. Col. F. L. Duff presented the awards to the 145 flight surgeons.

Dr. Newman C. Nash, recently released from the Army Medical Corps, has re-opened his office in Wichita.

Comdr. B. J. Ashley, who recently returned from the Pacific, spent a 30-day leave at his home in Topeka and is now stationed at the Great Lakes Training School.

Capt. E. C. Moser, who returned from the ETO several months ago, received his discharge from the Army September 28 and will practice again in Holton. Dr. Moser served in Africa, Sicily, Italy, France and Germany with the 11th Evacuation hospital.

Capt. David Gray, who was a member of the Santa Fe hospital staff in Topeka before entering the service, will soon receive his release from the Army. While serving with the 83rd Infantry Division in the ETO for 18 months, Dr. Gray was awarded the Bronze Star medal with two clusters, five battle stars, and the Purple Heart.

Capt. Herbert L. Songer, Army Medical Corps, is now on terminal leave and is resuming his practice in Lincoln. With 117 points under the redeployment system, Dr. Songer was high point man in his battalion.

Overseas since April 1943, Dr. Songer was assigned to the 126th Infantry of the First Division as battalion surgeon, in charge of a first aid station just back of the lines. He was stationed first in North Africa, going from there to Sicily for the invasion of that island and after a short leave in England, the division took part in the D-Day invasion of the Normandy Beach. Later they saw action in France, Belgium, and Germany and were in Czechoslovakia when hostilities ceased.

Dr. Songer was awarded the Silver Star for gallantry in action, the Bronze Star for meritorious achievement, the Oak Leaf Cluster to the Bronze Star and the Purple Heart when he was slightly wounded in action. He was one of the first medical men flown back to the United States after V-E Day, arriving at LaGuardia Field, New York, in July where many pictures were taken of the group. Dr. Songer was one of the three physicians selected for special photographs as the "most decorated" of the medical men.

Dr. Songer's citation for his Bronze Star reads, "For meritorious achievement in connection with military operations against the enemy in the European Theater of Operations from August 21, 1944, to December 2, 1944. The professional skill, loyalty and courage, with which Captain Songer executed his responsibilities as battalion surgeon contributed immeasurably to the health of his organization's personnel and to the prompt and efficient treatment of battle casualties during the invasion of Western Europe."

Dr. M. C. Martin is making plans to reopen his office in Newton for general practice when his retirement from military service becomes effective November 11. Having served in the Army for five years, Major Martin was stationed in Iceland for two years, at Camp Crowder, Missouri, and at the Concordia prisoner of war camp. He is also a veteran of World War I.

### Library on EENT Subjects

From Dr. Louis R. Haas, Smith Clinic building, Pittsburg, Kansas, the Journal received a communication relative to the organization of a library on EENT subjects. Dr. Haas has corresponded with members of the EENT section of the state society and is now announcing the plan to all doctors of the state.

Apparently the idea originated when Dr. Lopes de Andrade of Lisbon, Portugal, sent some reprints on cataract and granulomata from the Bulletin of the Portuguese Society of Ophthalmology. These papers are written in French and are reported to be excellent. Dr. Andrade requested that Kansas reciprocate by exchanging reprints on ophthalmology with them.

You are therefore invited to send Dr. Haas reprints of any articles that you may have published on this subject. He would appreciate receiving two copies, one for their library and one to send to Portugal. Moreover, if anyone wishes to read the articles already received and will drop Dr. Haas a card, they will be sent anywhere within the state.

"I feel that our section can build up a very interesting collection of the world's best literature," wrote Dr. Haas. "This is a good start. But we shall have to contribute something to it, too."

## Members

Dr. O. S. Walters, who has been practicing in Buhler for the past 15 months, has moved to McPherson and is practicing there.

Dr. Wendell A. Grosjean, Winfield, is in Boston for a month of postgraduate work at the Lahey clinic, after which he will return to Winfield to resume his practice in the Snyder-Jones clinic. Dr. Grosjean recently returned to this country after having spent three years in Europe with the University of Kansas hospital unit.

Dr. C. Henry Murphy, who was recently released from the Navy after four years service, has opened an office in Wichita. He was graduated from the Georgetown university school of medicine in 1939.

Dr. Carl Sixbury, formerly of Des Moines, Iowa, is moving to Oberlin to begin practice with Dr. C. M. Nelson. Dr. Sixbury specializes in eye, ear, nose and throat work. He is graduate of the State University of Iowa College of Medicine, and was recently released from the service after having spent some time serving with the Army in the South Pacific, with the rank of lieutenant colonel.

Dr. J. H. Baker recently reopened the hospital at La-Crosse which had been closed for three years while he served in the Army Medical Corps.

Dr. H. L. Regier, Kansas City, was recently elected to fellowship in the International College of Surgeons, according to an announcement made by Dr. Herbert Acuff of Knoxville, Tenn., president of the United States chapter of the organization.

Dr. Fred H. Morley, who formerly practiced in the Kansas City area and for the past three years has been director of the medical department for North American Aviation in Kansas City, has joined the Student Health Service at Kansas State college.

Dr. Dwight Lawson, who has been on the staff of the Menninger Clinic, has opened an office for private practice in Topeka and will confine his work to internal medicine.

Dr. E. L. Loyd, Salina, is serving a fellowship at the Mayo Clinic, Rochester, Minnesota.

Dr. Paul Lowell, formerly of Blackburn, Missouri, has opened an office in Garnett. He is a graduate of the University of Kansas School of Medicine and took his internship at Superior, Wisconsin.

Dr. Lee Fent, recently released from the Army medical corps, is opening an office for general practice in Newton. Dr. Fent was graduated from St. Louis University, served 18 months internship at Bethesda hospital in St. Louis, an additional internship at St. Francis hospital in Wichita and a residency in surgery at St. Francis hospital.

Dr. Fred D. Baty, who has been practicing in Sterling City, California, for several years, has moved to Liberal and will be associated in practice with Dr. A. L. Hilbig and Dr. E. J. McCreight. He is a graduate of the University of Kansas School of Medicine.

Dr. G. A. Chickering has been named Reno County coroner to fill the vacancy left by the death of Dr. H. M. Stewart.

## Medical Department Work Continues

The post-war work of the Army Medical Corps was outlined by Major General Normal T. Kirk, Surgeon General, in an address given at the recent dedication of Madigan general hospital at Fort Lewis, Washington, when he stressed the fact that the work of the corps is far from over.

"The patient population of Army hospitals reached an all-time high with 312,000 listed on August 14," he said. "When it is considered that the average period of hospitalization of our battle casualties is about five and a half months after they arrive in a United States hospital, it can readily be seen that the work of the Army Medical Department does not stop with the cessation of hostilities."

## Now That the War is Over

We expect to get in better shape each day to give you Quicker Service and Better Quality.

While we admit we have not done a bad job so far, now is a critical time. None of our boys have returned yet and material is none too plentiful.

Quinton-Duffens will lose no opportunity to get back into pre-war stride as soon as possible. In the meantime we are indeed grateful for the cooperation you have given us.

## QUINTON-DUFFENS OPTICAL COMPANY

TOPEKA HUTCHINSON SALINA  
KANSAS

### Over 37 Years ... Builders and Fitters of Artificial Limbs and Orthopaedic Appliances

Isle Built Appliances restore the highest possible degree of efficiency to patients who have suffered amputation or other physical impairment.

Your instructions followed implicitly.  
Qualified, courteous personnel.

ENTIRE SECOND FLOOR PHONE VICTOR 2350

**THE W. E. ISLE COMPANY**  
1121 GRAND AVE. KANSAS CITY, MO.

### County Societies

A meeting of the Shawnee County Medical Society was held September 4. Robert Webb, attorney for the society, and Oliver E. Ebel, secretary of the state society, addressed the group on tax problems.

A discussion of plans for a county-wide tuberculosis survey with the photofluorogentgen unit of the State Board of Health occupied the attention of members of the Marion county society at its meeting September 5. A schedule of times and places was worked out for the period between September 13 and 28. Dr. H. F. Janzen, Hillsboro, spoke on "Intravenous Anaesthesia".

A quarterly meeting of the tri-county group made up of members of the medical societies in McPherson, Harvey and Marion counties was held September 12 at McPherson. Dr. W. P. Callahan, Wichita, president of the state society, and Oliver E. Ebel, Topeka, secretary, discussed the problems of the Kansas Medical Society.

The Central Kansas Medical Society met September 6 at Russell with Dr. W. P. Callahan, Wichita; Dr. J. L. Lattimore, Topeka, and Oliver E. Ebel, Topeka, as guests. Dr. Callahan spoke on "Gall Bladder Disease and its Treatment", and Dr. Lattimore discussed "The Liver Function".

A meeting of members of the county societies in the first district was held at Sabetha August 28. Dr. J. L. Lattimore and Oliver E. Ebel, Topeka, discussed the problems of the Kansas Medical Society.

### Francisco Memorial Project

A recent report on the Francisco Memorial-Student Union project shows that a total of \$49,372 has been pledged or paid into the combined fund, more than 50 doctors having given \$500 each. The goal for 1945 has been set at \$25,000 more, as the building now planned will cost between \$100,000 and \$125,000. Contributions to the fund are fully deductible from income tax.

Dr. Galen M. Tice, chairman of the Francisco Memorial Faculty Committee, in a recent letter to the Journal, reported the receipt of a gift of \$500 from the Riley County Medical Society, as an organization.

Contributions may be sent to Dr. Galen M. Tice, University of Kansas School of Medicine, Kansas City, Kansas.

### Death Notices

**Bertram Johnson, M.D.**

Dr. Bertram Johnson, 68, who had practiced in Eureka for more than 25 years, died September 12 after an illness of several months. He was a member of the Butler-Greenwood Medical Society. Dr. Johnson was graduated from Jenner Medical college, Chicago, in 1908, and later studied at Hering Medical college, Chicago.

**G. P. Marner, M.D.**

Dr. G. P. Marner, 89, an honorary member of the Marion County Medical Society, died September 7 after a long illness. A graduate of the State University of Iowa College of Medicine, he had practiced in Marion more than 50 years. During World War I he served overseas with the American Red Cross.

**John W. Yankee, M.D.**

Dr. John W. Yankee, 74, who had practiced in Mankato and Esbon for many years, died August 6 at the home of his daughter at Lewis. He was graduated from Memphis (Tennessee) Hospital Medical College in 1902, and was licensed to practice in Kansas in 1904. He was an honorary member of the Jewell County Medical Society.

**Otis B. Wyant, M.D.**

Dr. Otis B. Wyant, 80, an honorary member of the Cowley County Society, died at his home at Winfield August 11. He had practiced there 39 years. A graduate of Rush Medical College, Chicago, in 1886, he first practiced in his native county in Iowa, moving to Winfield in 1906.

**Lucien A. Watkins, M.D.**

Capt. Lucien A. Watkins, 35, Army medical corps, died August 20 at Buckley general hospital, Denver. A graduate of the University of Kansas School of Medicine, Dr. Watkins had practiced in Leavenworth until entering the service three years ago. He was a member of the Leavenworth County Medical Society.

## THE TROWBRIDGE TRAINING SCHOOL

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

The Best in the West

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.

1850 Bryant Building

E. HAYDEN TROWBRIDGE, M.D.

Kansas City, Mo.

## PRESCRIBE OR DISPENSE

A complete line of laboratory controlled ethical pharmaceuticals.

KA 10-45

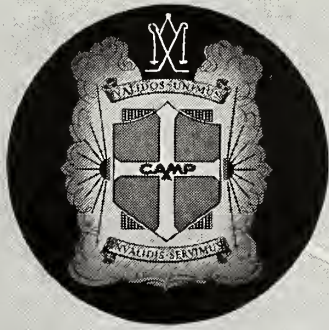
"Chemists to the Medical Profession for 43 years"

# ZEMMER

## PHARMACEUTICALS

THE ZEMMER COMPANY

Oakland Station  
PITTSBURGH 13, PA.



A HALLMARK OF QUALITY—A SYMBOL OF TRUST



For many, many years it has been our privilege to work closely with physicians and surgeons in the design, improvement and manufacture of scientific supports to meet the physiological, surgical and maternity needs of their patients. Evolved by the late Mr. S. H. Camp, the basic system of *patented adjustment principles*, incorporated in models graded to various types of *body build*, provides the endless number of combinations made necessary for precise fitting by the endless variations in the human figure. This has met the test of 40 years of practice. Accepted by the medical profession from the first, Camp Supports are today recognized as *standard* throughout the United States and many foreign countries. In this challenging new era we once again pledge to keep faith with the profession: **FIRST**, by maintaining consistent research; **SECOND**, by manufacturing scientific supports of the finest quality in full variety at *prices based on intrinsic value*; **THIRD**, to assure precise filling of prescriptions through the regular education and training of Camp fitters; and **FOURTH**, to adhere to the policy of ethical distribution. We trust that these standards will continue to be your hallmark of quality and your symbol of confidence wherever scientific supports are indicated.

S. H. CAMP & COMPANY, Jackson, Michigan  
 World's Largest Manufacturers of Scientific Supports  
 Offices in New York • Chicago • Windsor, Ontario • London, England

## Omaha Mid-West Clinical Society to Meet

The Omaha Mid-West Clinical Society will hold its 13th annual assembly October 22 to 26, inclusive, in Omaha, with headquarters at the Hotel Paxton. The five-day program will include addresses, clinics and round table discussions by distinguished guests, and symposia and lectures by members of the Society. There will also be daily motion picture programs and scientific and technical exhibits.

A partial list of distinguished guests includes the following: Elmer Belt, M.D., Los Angeles (urologist); Sylvester N. Berens, M.D., Seattle (neurosurgeon); Guy A. Caldwell, M.D., New Orleans (orthopedic surgeon); Archibald D. Campbell, M.D., Montreal (gynecologist-obstetrician); Burrill B. Crohn, M.D., New York City (internist; gastroenterology); Charles A. Doan, M.D., Columbus (internist; research); Lester R. Dragstedt, M.D., Chicago (surgeon-physiology); Robert H. Felix, M.D., Washington, D.C. (psychiatrist); Mr. J. Ketchum, Detroit (executive secretary Michigan Medical Service); Edward J. McCormick, M.D., Toledo (chairman, Council on Medical Service and Public Relations, American Medical Association); Alan R. Moritz, M.D., Boston (pathologist; legal medicine); John A. Toomey, M.D., Cleveland (pediatrician-contagious diseases); Henry P. Wagener, M.D., Rochester, Minnesota (ophthalmologist).

Titles of the symposia to be presented on Tuesday and Thursday are as follows: The Arthritides; Bleeding from the Alimentary Tract; Fractures; Head Injuries; Penicillin; Technic for Lessening Morbidity and Mortality in Obstetrics. One day, Friday, October 26, will be given over

to a panel on military medicine presented by personnel of the Army Medical Corps.

All medical officers of the Army, Navy and Public Health Service will be admitted without payment of the usual five-dollar registration fee.

## The Supply of Physicians

It is difficult to understand the public statements that a shortage of physicians is imminent in this country. During the abnormal war situation there are shortages in every phase of national life. However, the medical schools of the United States are now filled to about 110 per cent of capacity including the first year classes opening in the fall of 1945. On the accelerated program, they are training an average of about 6,800 graduates per year, twice the number of physicians who die annually. During the period 1942-48 about 10,000 doctors more than normal will have been graduated because of the accelerated, war time program. Reliable actuarial studies by Selective Service Headquarters, and other authorities indicate that the present production of physicians will insure one doctor to every 733 people in the United States in 1950, twice as many physicians per unit of population of any country in the world previous to the war and well above the ratio generally accepted as sufficient for good medical care. While the matter of distribution and the effective utilization of these physicians is a separate problem, the fact is that the number of doctors will be adequate to take care indefinitely of all of the civilian needs and the probable military and public health requirements, if the services of physicians are used to their full advantage.—Williard C. Rappleye, M.D. *the Connecticut State Medical Journal, July, 1945.*

## ACCIDENT • HOSPITAL • SICKNESS INSURANCE FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY



\$5,000.00 accidental death	\$8.00
\$25.00 weekly indemnity, accident and sickness	Quarterly
\$10,000.00 accidental death	\$16.00
\$50.00 weekly indemnity, accident and sickness	Quarterly
\$15,000.00 accidental death	\$24.00
\$75.00 weekly indemnity, accident and sickness	Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS  
WIVES AND CHILDREN

86c out of each \$1.00 gross income used for  
members' benefit

\$2,800,000.00 INVESTED ASSETS	\$13,000,000.00 PAID FOR CLAIMS
-----------------------------------	------------------------------------

\$200,000.00 deposited with State of Nebraska for protection  
of our members  
Disability need not be incurred in line of duty — benefits from  
the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION  
PHYSICIANS HEALTH ASSOCIATION  
43 years under the same management

400 FIRST NATIONAL BANK BUILDING • OMAHA 2, NEBRASKA



## THE BROWN SCHOOL

An exclusive year round school for children with educational and emotional difficulties. Under supervision of registered psychiatrist, resident physician, registered nurses, and technically trained teachers. Individual instructions in all academic subjects, speech, music, home economics, and arts and crafts. Separate units for different types of children. Farm and Ranch school for older boys. Private swimming pool. Fireproof buildings. View book and other information upon request.

BERT P. BROWN, DIRECTOR

Box 177, San Marcos, Texas  
Box 3028, South Austin 3, Texas



## This, too, will be written in history



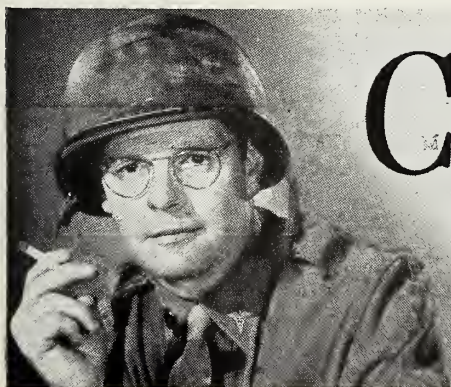
Among the many brilliant originations, the inspired improvisations, of the Medical Corps in World War II was the use of the "ambulance on wings."

When the photograph above was taken, the casualties lined up had *just been wounded!* Already they had been given emergency medical aid, and in a matter of *minutes* were on their way to a base hospital with complete facilities far away from the combat zone . . . Thanks to such immediate surgical care, quick hospitaliza-

tion, and all the companion advancements of wartime medical science, 97 out of every 100 such casualties *lived!*

Thanks should be proffered most generously to the incredible diligence of those "soldiers in white" who created and tirelessly practiced these techniques—the medical men in the service whose rest all too often was no more than a moment and a cigarette. Incidentally, that cigarette was very likely a Camel, an especial favorite of all fighting men.

R. J. Reynolds Tobacco Company, Winston-Salem, North Carolina



**Camels**  
COSTLIER  
TOBACCOS



## Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)  
Incorporated not for profit

### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting October 8, October 22, and every two weeks during the year. One Week Course Surgery of Colon and Rectum November 5. 20 Hour Course Surgical Anatomy October 8.

**GYNECOLOGY**—Two Weeks Intensive Course October 22.

**OBSTETRICS**—Two Weeks Intensive Course October 8.

**ANESTHESIA**—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

**ROENTGENOLOGY**—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

**UROLOGY**—Two Weeks Course and One month Course every two weeks.

**CYSTOSCOPY**—Ten Day Practical Course every two weeks.

**GENERAL, INTENSIVE AND SPECIAL COURSES IN  
ALL BRANCHES OF MEDICINE, SURGERY  
AND THE SPECIALTIES.**

**TEACHING FACULTY—ATTENDING STAFF OF  
COOK COUNTY HOSPITAL**

Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.

## New Doctors of Medicine

Certificates to practice medicine and surgery in Kansas were granted 101 doctors following a special examination held in Kansas City, Kansas, June 26 and 27, 1945, for the convenience of the graduating class of the School of Medicine, University of Kansas. Dr. J. F. Hassig, secretary of the Kansas State Board of Medical Registration and Examination, has listed the following successful candidates:

Lewis G. Allen, Jr., Kansas City, Kansas  
Lewis N. Bass, Jr., Pittsburg, Kansas  
James J. Batty, Kansas City, Kansas  
Willard F. Bennett, Webster, Kansas  
Francis J. Bice, Kansas City, Kansas  
Francis E. Bishop, Akron, Ohio  
Hoyt C. Blaylock, Newton, Kansas  
Walter R. Bohnenblust, Belleville, Kansas  
Hugh S. Brady, Wichita, Kansas  
Emil M. Childers, Humboldt, Kansas  
Earl H. Clark, Hoisington, Kansas  
Carroll K. Clawson, Enterprise, Kansas  
Mary C. Colglazier, Kansas City, Kansas  
James D. Colt, V, Manhattan, Kansas  
Forest A. Cornwell, ElDorado, Kansas  
Robert T. Cotton, Manhattan, Kansas  
Albert E. Derrington, Lawrence, Kansas  
Burleigh E. DeTar, Jr., Joplin, Missouri  
William G. Nixon, Mound Valley, Kansas  
Frank A. Dlabal, Wilson, Kansas  
Robert E. Donlin, Omaha, Nebraska  
James R. Doores, Bronaugh, Missouri  
Dallas D. Dornan, Topeka, Kansas  
Bruce V. Drowns, Kansas City, Missouri  
William R. Durke, Kansas City, Missouri  
Lyle H. Edelblute, Kansas City, Missouri  
Mary Eichhorn, Garden City, Kansas  
Harold R. Fields, Kingsdown, Kansas  
David M. Gibson, Kansas City, Kansas  
Helen M. Gilles, Paola, Kansas  
Jack M. Gilliland, Kansas City, Kansas  
Charles L. Gray, II, Topeka, Kansas  
Paul H. Grub, Galena, Kansas  
Lawrence J. Hanis, Kansas City, Kansas  
John J. Hartford, Kansas City, Missouri  
Gerald V. Hartman, Emporia, Kansas  
Harry J. Haynes, Leavenworth, Kansas  
Joseph P. Healy, Omaha, Nebraska  
Victor G. Henry, Jr., Wichita, Kansas  
Virginia Hoover, Abilene, Kansas  
Henry B. Ivy, Meridan, Mississippi  
Reed P. Johnson, Kansas City, Missouri  
Philip G. Kaul, Holton, Kansas  
Gerald J. Kochevar, Leavenworth, Kansas  
John F. Lance, Jr., Pittsburg, Kansas  
Paul A. Lovett, Pittsburg, Kansas  
Ray Lowry, Hoisington, Kansas  
Donald McCoy, Topeka, Kansas  
Donald J. McMinimy, Wichita, Kansas  
B. M. Matassarini, Wichita, Kansas  
Wallace Merriam, Kansas City, Kansas  
Merle D. Morris, Topeka, Kansas  
William L. Mundy, Salina, Kansas  
Robert K. Nabours, Jr., Manhattan, Kansas  
Delbert D. Neis, Eudora, Kansas  
Harold G. Nelson, Mission, Kansas  
Joseph H. Nelson, Kansas City, Missouri  
Russell A. Nelson, Wichita, Kansas  
Theodore A. Nelson, Phillipsburg, Kansas  
Kenneth S. Nicolay, Abilene, Kansas

## PROFESSIONAL PROTECTION



DOCTORS DISCHARGED  
from Military Service should  
notify Company immediately.

MILITARY POLICY  
does not cover Civilian Practice.

**MEDICAL PROTECTIVE COMPANY**  
**FORT WAYNE, INDIANA**

James R. Nolan, Kansas City, Kansas  
 Robert H. O'Neil, Topeka, Kansas  
 Dale H. Palmer, Jr., Wichita, Kansas  
 Anthony R. Pantano, Omaha, Nebraska  
 Joseph W. Parker, Jr., Kansas City, Missouri  
 Evelyn M. Pebley, Iowa City, Iowa  
 Dale W. Peters, McPherson, Kansas  
 Stephen B. Phillips, Hiawatha, Kansas  
 Robert A. Pumpelly, Winfield, Kansas  
 Leonard J. Robison, Bison, Kansas  
 Nathan Roth, Topeka, Kansas  
 Jean O. Rubbra, Kansas City, Missouri  
 Millard E. Schulz, Greensburg, Kansas  
 Robert G. Sheppard, Joplin, Missouri  
 Herbert H. Shuey, Mission, Kansas  
 Alvin Silvers, Kansas City, Missouri  
 Edwin L. Slentz, Wichita, Kansas  
 Dale C. Smith, Neodesha, Kansas  
 Frederick N. Spann, Kansas City, Missouri  
 Nelson W. V. Spaulding, Kansas City, Missouri  
 Ronald W. Stitt, Dodge City, Kansas  
 Elmer G. Stolz, Colwich, Kansas  
 Thomas B. Summers, Ardon, Iowa  
 Terry S. Vincent, Kansas City, Kansas  
 Henry W. Voth, Hillsboro, Kansas  
 Donald M. Wald, Arkansas City, Kansas  
 William K. Walker, Kansas City, Missouri  
 Hobart E. Wallace, Topeka, Kansas  
 Harry L. Wherry, Mission, Kansas  
 Harry M. White, Lawrence, Kansas  
 Lowell E. Wilder, Fort Scott, Kansas  
 John S. Wilson, Kansas City, Missouri  
 William M. Wyatt, Kansas City, Missouri  
 William S. Markham, Ottawa, Kansas  
 \*Charles L. Hustead, Falls City, Nebraska  
 \*Cornelius H. Murphy, Wichita, Kansas  
 \*Raymond R. Rivard, Manhattan, Kansas  
 \*Martiele Turner, Manhattan, Kansas  
 \*Charles F. B. Weigel, Manhattan, Kansas  
 \*Henry F. Wilkinson, Bellingham, Washington  
 \*William P. Williamson, Kansas City, Missouri  
 \* Indicates licenses by reciprocity.

### Board of Health Films

A booklet recently published by the Board of Health lists two sound films available for showing to professional audiences. The first, on syphilis, runs for 45 minutes, and the second, pneumothorax, can be presented in 40 minutes. In addition the Board has a number of health films available for grade school audiences, high school groups, and lay adults.

The films may be borrowed without charge, the only expense to the borrower being for return transportation. All films are for 16 mm. projectors.

### Two Go to Veterans' Administration

Major General Paul R. Hawley, formerly chief surgeon of the European Theater of Operations, and Brigadier General Elliott C. Cutler, chief medical consultant with the European Service of Supply, have joined the Veterans' Administration staff in Washington, according to a recent announcement by the office of the Surgeon General.

General Hawley will serve as medical advisor to General Omar N. Bradley, who recently took office as administrator of Veterans' Affairs. General Cutler will be attached to General Hawley's staff. Both have been loaned to the Veterans' Administration on a temporary basis.

# Fitful Blaze

● Unaccountable pain and tension . . . vasomotor disturbances . . . irregularity . . . mental depression—all contribute to the familiar menopausal picture. *A picture that flickers—like firelight on a wall—interrupting many a woman's life program at its busiest.*

● You have a dependable treatment for menopausal symptoms when you administer a dependable solution of estrogenic substances.

● For this delicate task, Solution of Estrogenic Substances, Smith-Dorsey, has won the confidence of many physicians. Smith-Dorsey Laboratories are fully equipped, carefully staffed, qualified to produce a medicinal of guaranteed purity and potency.

● With this product, you can help to steady many of those "fitful blazes."

## SOLUTION OF

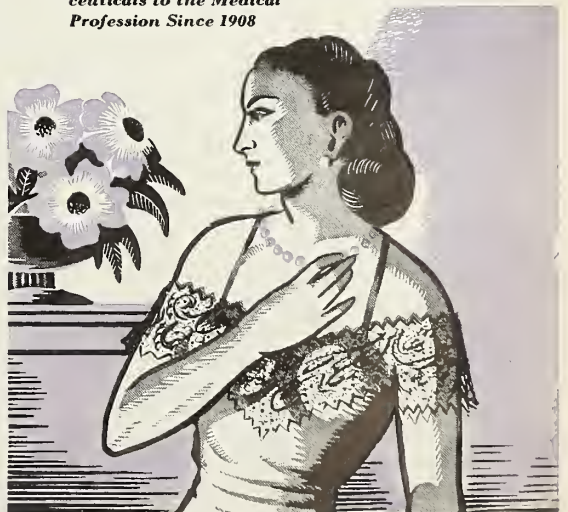
# Estrogenic Substances

## SMITH-DORSEY

*Supplied in 1 cc. ampuls and 10 cc. ampul vials representing potencies of 5,000, 10,000 and 20,000 international units per cc.*

**THE SMITH-DORSEY COMPANY  
LINCOLN • • • NEBRASKA**

*Manufacturers of Pharmaceuticals to the Medical Profession Since 1908*



Urge Release of Medical Officers

Looking toward the early release from service of those officers who can be spared from military duties, a number of state societies have forwarded petitions to the Surgeons General of the Army and Navy, the Air Surgeon, members of Congress, and the Procurement and Assignment Service.

The appeal submitted by the council of the Michigan State Medical Society stated the need for doctors in civilian practice. The opening paragraph was as follows:

"Now that V-E Day is passed and the release from service of part of our armed forces is expected, immediate consideration should be given to the release of as many of the doctors of medicine as is consistent with the best interest of the armed forces and of the civilian population. Promptness in reducing the size of the Medical Corps should be the positive aim of everyone having responsibility in this field. There should never be a time when any doctor of medicine is kept in the military service with nothing for him to do professionally in connection with his military status. He should not be retained in service to perform work which could be done as well by those not trained as medical doctors. Many civilians have delayed obtaining the medical care they should have had until their regular physicians get back from the war."

The following expression is from the Executive Committee of the Indiana State Medical Association:

"The Executive Committee of the Indiana State Medical Association urges that those in authority look upon the early and prompt release of physicians, when they can be spared, as a matter of the utmost urgency and importance,—and when we say 'when they can be spared,' we must be understood to mean that every soldier, sailor, marine, nurse, WAC, Wave, or Spar, or anyone else who needs

medical care in connection with military services shall have it, even without the physicians who are to be dismissed. But after all the armed services are taken care of, any delay in releasing a physician should be avoided as an injustice to the public, an unnecessary burden on the treasury, a source of criticism of those in authority, and unfair treatment of the physician who is serving his country."

Make Inspections Overseas

Lieut. Col. W. H. Everts, chief of the Neurology Branch, Neuropsychiatry Division, and Lieut. Col. Norman Q. Brill, chief of the Psychiatry Branch, Office of the Surgeon General, have returned to Washington from overseas inspection trips.

Col. Everts made a neuropsychiatric survey of the European and Mediterranean theaters of operations, through Germany, Italy, Holland, Belgium and England, and Col. Brill made a psychiatric survey in the Pacific area, including Oahu, Fiji Islands, New Caledonia, Espiritu Santo, Guadalcanal, Guam and Saipan.

Whole Milk to Hospital Ships

A new method of quick-freezing whole milk is now making it possible to serve milk to wounded soldiers returning from overseas on Army hospital ships. Although in some instances it has been kept in the frozen state for three months, its taste is as fresh as new milk and the bacterial count is lower than that in the average milk supply in America. Approximately 30,000 pints of frozen milk are now being shipped monthly from Charleston, Boston, New York, New Orleans, San Francisco and Seattle, in addition to 400,000 pints shipped monthly to Alaska for general use of American troops stationed there.

DIAGNOSTIC CLINIC

HUGH JETER, M.D., F.A.C.P., A.S.C.P.

Associates and Consultants

Complete

CLINICAL AND LABORATORY

Facilities

Osler Building . . . . . Oklahoma City . . . . . Phone 2-8274

ALCOHOL—MORPHINE—BARBITAL

ADDICTIONS Successfully Treated Since 1897—  
Founded by B. B. Ralph, M.D.

Write for description booklet

The Ralph Sanitarium

529 Highland Ave.

Kansas City, Mo.

Telephone—Victor 4850

Registered by the Council on Medical Education and Hospitals  
of the A. M. A.





*for* **I**nfa<sup>n</sup>ts and **C**hild<sup>r</sup>en

MILK DIFFUSIBLE *Vitamin D* PREPARATION

DRISDOL in Propylene Glycol makes it possible to secure the benefits obtainable from combining vitamin D with the daily milk ration. This preparation is simple, convenient and easy to use, and relatively little is required for prophylaxis and treatment of rickets—*only two drops daily.*

*does not float on milk*  
*does not adhere to bottle*  
*does not have a fishy taste or odor*



Drisdol in Propylene Glycol—10,000 units per Gram—is available in bottles containing 5 cc. and 50 cc. A special dropper delivering 250 U.S.P. vitamin D units per drop is supplied with each bottle.

**WINTHROP CHEMICAL COMPANY, INC.** NEW YORK 13, N. Y.  
 Pharmaceuticals of merit for the physician WINDSOR, ONT.

**D***risdol* in Propylene Glycol

Reg. U. S. Pat. Off. & Canada

Brand of  
 Crystalline Vitamin D<sub>2</sub>  
 from ergosterol

## KANSAS MEDICAL ASSISTANTS' SOCIETY

### Helping the Doctor Collect His Money

By DAVID MORANTZ, Kansas City, Kansas

*Editor's Note: Believing that the medical assistants of Kansas can profit by instructions on the proper method of handling collections for their physician employers, the Journal is presenting a series of articles on this topic. The first of this series of five instructions is presented below.*

Many physicians make the mistake of waiting two or three months after services are rendered to submit a statement. And here is where they get off to a bad start right at the beginning.

The average person wants to receive a statement on the first of each month so he may know exactly what he owes, and will not take offense at receiving a statement on the first of the month following services rendered. Of course, in special cases, where a debtor does raise an objection, you can handle his account differently, but my 32 years experience in collecting professional accounts has proven to me that the physician who is regular and business-like in sending out statements and following up his collections systematically is the one who gets his money while the more timid one is waiting for his to come in.

The first bill should be a plain itemized statement of account sent out on the last day of the month. Or you

\*From an address delivered before the Wyandotte County Medical Assistants' Society.

might do as a live and successful young dentist friend of mine does. He sends his statements a few days before the first to "get the jump," he says, on all the bills that arrive on the first of the month.

Your second statement might be a plain one (unitemized) merely stating the amount due. However, if no payment is received by the 15th of the second month, I would send out another and write a little note on the bottom of it.

If the value of a short personal message accompanying the statement were fully appreciated, many more professional men would be cashing in on this small, but really important, detail.

I always have been a strong believer in pen and ink reminders on the bottom of statements. Many business and professional men now use that method almost to the exclusion of form collection letters on current accounts.

Here are a few suggested ones:

"Have you forgotten this?"

"No doubt overlooked?"

"Did my first statement reach you?"

"May I not have your check, please?"

"Overlooked?"

Then for something a little stronger:

"Past due!"

"Please give this your prompt attention."

"Important—Requires immediate attention."

"Urgent!"

"Last notice!"

One Chicago credit manager uses the following, that, he says, is the best little puller he has come across in years. On the bottom of his second statement he places the following little notation, which he signs personally:

### NET INCOME



Net income is the acid test of success, without it a specialized career may suffer. So, don't let yours be tied up in patient accounts. Send us your slow ones, or ask us for information about our various collection aids. A paid-up patient is a good patient.



### MEDICAL-DENTAL DIVISION

### ASSOCIATED CREDIT BUREAU

SUITES 3-4, PALACE BLDG., EMPORIA

L. D. PHONE 2444

One of the bureaus of the National Association of Medical-Dental Bureaus and the Associated Credit Bureaus of America, Inc.  
A substantial institution of enthusiastic alert and progressive credit and collection experts.

PAUL O. KREUGER, Executive Director

*The Neurological Hospital, 2625 The Paseo, Kansas City, Missouri. Operated by the Robinson Clinic, for the care and treatment of nervous and mental patients and associated conditions.*

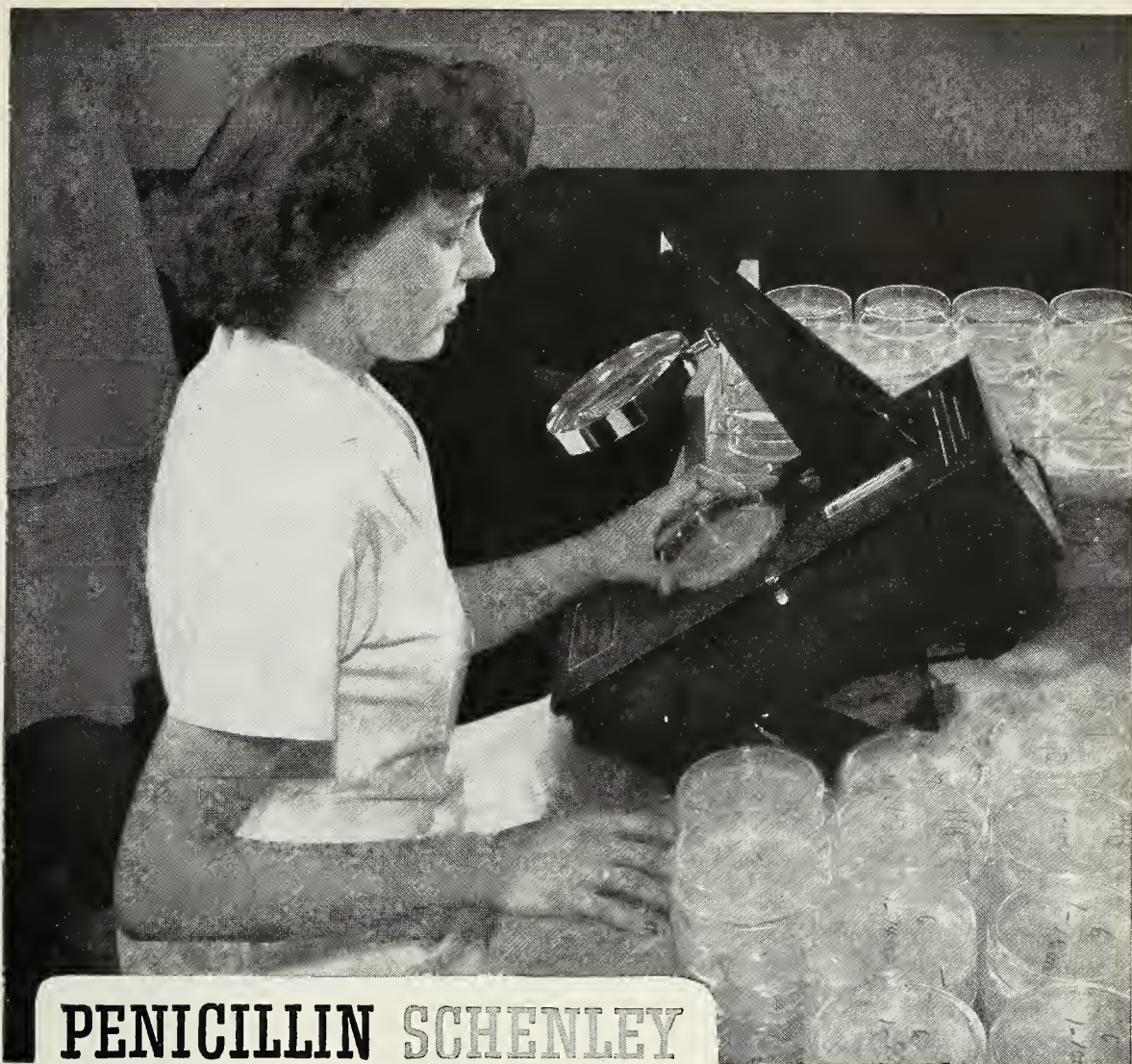
## RADIUM

(including Radium Applicators)

FOR ALL MEDICAL PURPOSES  
Est. 1919

Quincy X-Ray & Radium Laboratories  
(owned and directed by a Physician-Radiologist)

Harold Swanberg, B.S., M.D., Director  
W. C. U. Bldg. Quincy, Illinois



## PENICILLIN SCHENLEY

*—the drug that gives new meaning to the word “control”*

The penicillin which first attracted the attention of Alexander Fleming was an “occurrence of nature”, with no control exercised over the conditions of its production. Production of pyrogen-free penicillin for the medical profession, however, is accomplished only by the most elaborate methods of control for insuring highest attainable productivity, potency, and purity.

Shown here is one of the many rigid controls exercised at the Schenley Laboratories. In this step, **PENICILLIN SCHENLEY** is being tested to insure standard potency. Such measures of elaborate control are your assurance that you may specify **PENICILLIN SCHENLEY** with the greatest confidence.



**SCHENLEY LABORATORIES, INC.**

Producers of **PENICILLIN SCHENLEY** • Executive Offices: 350 Fifth Avenue, New York City

"Would appreciate your usual prompt and courteous attention to the above."

"That word 'usual' is what seems to turn the trick," he says. "They feel flattered that I referred to their 'usual prompt and courteous attention,' even though they might have been several payments in arrears and had ignored two or three form collection letters."

"A person likes to be thought well of, whether he deserves it or not, and when you flatter him by making him think that you feel that he is usually prompt and courteous in meeting his bills, it will go a long way toward inducing him to dig up the money to pay you."

(To be continued in the November issue.)

### Shawnee County Meeting

The Shawnee County Medical Assistants' Society held its first meeting of the 1945-1946 season on September 10 when 35 members of the group enjoyed a picnic at Gage Park. Miss Zura Crockett of Wichita, president of the state group, and Oliver E. Ebel, secretary of the Kansas Medical Society, were guests and made short talks.

During the business session Florence Linton presented a motion that the society get in touch with all doctors returning from military service and inform them that members of the society are available to assist them in reopening their office, cleaning instruments, etc. The suggestion received unanimous approval from the group.



BUY VICTORY BONDS



### Understanding the Malaria Patient

With the prospect of thousands of soldiers returning to this country from malarious regions, Major General Norman T. Kirk, Surgeon General of the Army, makes an appeal for better public understanding of the disease, one that should not give undue concern either to infected service men or to their families. Soldiers infected with malaria are not a menace to their families or their communities, provided they are taking treatment or promptly obtain medical care when symptoms occur.

### Gallantry of Nurses Noted

The gallantry of two members of the Army Nurse Corps, First Lieutenant Elaine Roe and Second Lieutenant Rita Rourke, recipients of the silver star medal, was noted by Major General George F. Lull, deputy surgeon general, in an address before the graduating class of the Jewish Hospital School of Nursing, Brooklyn.

In describing their action, General Lull read the official citation. "During a concentrated shelling of the Field Hospital by enemy heavy artillery, the entire hospital area was sprayed with shell fragments which killed two nurses and wounded other military personnel. Electric wires were cut and lights extinguished. Working with flashlights, Lieutenants Roe and Rourke immediately began the orderly evacuation of 42 patients while quieting others who had become alarmed and were attempting to leave their beds. Throughout the shelling, which included many air bursts, they exhibited remarkable coolness and courage and carried on with complete disregard for their own safety."



## Hotel Jayhawk

TOPEKA ~ KANSAS

Main Dining Rooms and Coffee Shop

Air Conditioned and Refrigerated

Many Private Dining Rooms Available for Special Parties

THE MOSBY HOTEL CO.

N. M. Mosby, Pres. & Gen. Mgr.

A COLLECTION SERVICE DEDICATED TO...  
The Medical Profession... Hospitals  
ALL MONEY IS PAID DIRECT TO THE CREDITOR

A record of twenty-eight years service to Doctors, Clinics and Hospitals insures a kindly and understanding service to your debtors. . . . Since all money is paid to you, you are still guardian of your accounts and all monies. . . . You pay us commission only on such amounts as are paid to you. . . . Won't you please write for a list of our Doctor and Clinic clients and enlist our help, while the time for collections is opportune?

READING & SMITH SERVICE BUREAU  
COMMERCE BUILDING KANSAS CITY 6, MISSOURI

# *The Menninger Sanitarium*

For the Diagnosis and Treatment of  
Nervous and Mental Illness

# *The Southard School*

For the Education and Psychiatric  
Treatment of Children of Average  
and Superior Intelligence. Boarding  
Home Facilities.

Topeka, Kansas

## Book Reviews

**DOCTORS AT WAR.** Edited by Morris Fishbein, M.D. Published by E. P. Dutton and Company, Inc., 300 Fourth Avenue, New York. Price \$5.00.

This volume contains 16 chapters which cover every phase of doctor participation in the war effort, each one written by a nationally known leader. Among the section authors are Fred Rankin, Thomas Parran, Leonard Rowntree, George F. Lull, Ross T. McIntire and others of equal prominence whose titles are known to every doctor in Kansas.

The editor is Dr. Morris Fishbein, who has also written the introductory chapter. This chapter especially is written for the layman, but the whole book is readable and should be of interest to the general public. *DOCTORS AT WAR* should have a prominent place in the library of every veteran medical officer of World War II as a historical chronicle of a profession's achievement.—*W. M. Mills, M.D.*

**MEDICAL LICENSURE EXAMINATION.** Fifth edition revised under editorial direction of Walter L. Bierring, M.D., F.A.C.P., M.R.C.P. Published by J. B. Lippincott Company, Philadelphia. Copyright 1945. Price \$6.00.

The new fifth edition has been completely revised under the editorial direction of Dr. Walter L. Bierring, member of the National Board of Medical Examiners and secretary of the Federation of State Medical Boards of the United States.

The various subjects in the book have been reviewed by men from various medical schools in their particular specialties. The foundation of the book is laid upon questions selected from many licensing boards over a period of several years and which cover the common subjects discussed in examinations. The format of the book presents

a general review of each subject, and at the end of each section is a list of questions such as have been commonly found in examinations.

Undoubtedly, it would serve a very useful purpose for members of the various boards, state or national, in preparing questions for a comprehensive examination in each subject.—*C. E. Joss, M.D.*

**CHEMICAL FORMULARY, THE.** Volume VII. H. Bennett, editor-in-chief. Published by Chemical Publishing Co., Inc., Brooklyn, N.Y. 474 pages. Price \$6.00.

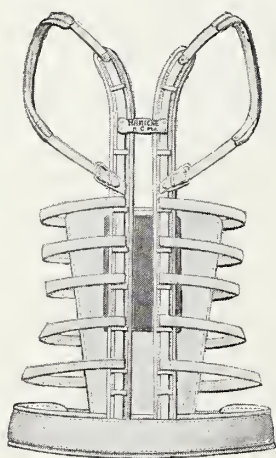
This book, modeled somewhat after its six predecessors, contains more than 2,000 formulae for making products ranging from cosmetics to acids, foodstuffs, inks, explosives, paper, plastics, insect sprays, and hundreds of other related and unrelated preparations. None of the seven volumes contain duplications, so each can be used separately or as a set in combination with the others.

Volume VII differs from the first six volumes in one important particular—it has been edited especially for the layman, while the others were designed primarily for experienced chemists and technicians. This book presents formulae for a wide range of products that can be made easily in homes, factories, or laboratories, for individual or commercial use. Its editor stresses the fact that such a volume is especially valuable at this time when many war veterans are preparing to start small specialty businesses and can secure information from this book on the manufacture of products requiring very little capital.

The introduction gives general directions for obtaining best results by placing emphasis on proper ingredients of good quality, calculation of amounts and measurements, mixing, and cautions about corrosive and poisonous chemicals. At the back of the book is a list of commercial firms offering chemicals and supplies for sale.

## Taylor-Type Back Brace

For  
Fracture of Vertebrae



P. W. HANICKE MFG. CO.  
1013 McGee Street  
KANSAS CITY, MISSOURI  
Telephone Victor 4750

## REPRINT PRICE LIST

Reprints from articles in the  
**KANSAS MEDICAL JOURNAL**  
All Reprints are made the same size as  
Journal pages, 7¾ x 10½ inches.  
Transportation charges on reprints are  
to be paid by the Author

No. Copies	Pages	Without Cover	With Cover
100.....	4	\$ 9.00	\$12.25
250.....	4	9.75	14.50
500.....	4	11.00	17.50
1000.....	4	18.00	26.00
No. Copies	Pages	Without Cover	With Cover
100.....	8	\$12.50	\$16.00
250.....	8	14.00	18.00
500.....	8	16.00	23.00
1000.....	8	21.00	32.00
No. Copies	Pages	Without Cover	With Cover
100.....	12	\$16.00	\$20.50
250.....	12	18.25	23.50
500.....	12	21.25	28.25
1000.....	12	28.00	39.00

## CAPPER PRINTING CO.

Capper Building  
TOPEKA, KANSAS

# THE Lattimore Laboratories

TOPEKA, KANSAS

J. L. Lattimore, M.D., *Director*

A. C. Keith, B.S., *Chemist*

H. C. Ebendorf, M.T., *Serologist*

**PATHOLOGY, SEROLOGY, CHEMISTRY, BACTERIOLOGY,  
HEMATOLOGY AND PARASITOLOGY**

*Containers furnished upon request.*

## OFFICES:

Topeka, Kan.

El Dorado, Kan.

Sedalia, Mo.

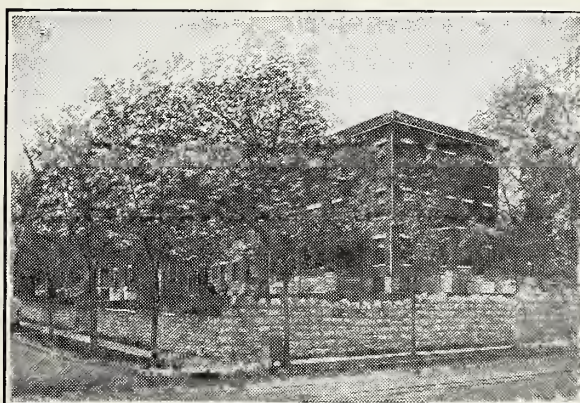
McAlester, Okla.

# THE MAJOR CLINIC ASSOCIATION

3100 EUCLID AVENUE

KANSAS CITY, MISSOURI

A Well  
Equipped  
Institution  
for the  
Nervous and  
Mental  
Diseases and  
Alcohol  
Drug and  
Tobacco  
Addictions



Beautiful  
Location  
Large,  
Well Shaded  
Grounds,  
Spacious  
Porches,  
All Modern  
Methods for  
Restoring  
Patients to a  
Normal  
Condition

HERMON S. MAJOR, M.D.  
*Medical Director*

HENRY S. MILLETT, M.D.  
*Associate Medical Director*

HERMON S. MAJOR, JR.  
*Business Manager*

**EFFECTIVE LIVING, SECOND EDITION.** By C. E. Turner, Sc.D., Dr. P. H. and Elizabeth McHose, B.S., M.A. Published by C. V. Mosby Company, St. Louis. Copyright 1945. 419 pages. Price \$2.00.

This book is one which any physician may prescribe for youthful patients who want answers for all their questions on physical and mental health. In the manner of a text-book it explains physical perfection as it relates to use of the body, exercise, skin, teeth, diet and physiology. Part I, as outlined, is for the individual, Part II directs effective living in the family, and Part III shows the individual's relationship to his community. Disease, sanitation, and health programs are included in the discussion of community living.

Presented in simple language, this information is easily understood and applied to daily living, and a list of questions at the close of each chapter will serve as a check for the youth who builds and guards his health in the manner outlined.

\* \* \*

**MONEY MANAGEMENT—THE HEALTH DOLLAR.** Published by Household Finance Corporation, 919 North Michigan Avenue, Chicago, Illinois. 40 pages.

This 40-page pamphlet, described by one local physician as "the best I have ever seen on the subject for the public", is a comprehensive outline of the lay individual's health problem from the standpoint of economics. Although the material is condensed, it is complete in that it answers the questions for which any patient would like to secure answers.

The introductory chapter is a resume of the rules for taking care of health, after which are instructions on how to choose a doctor, a nurse, a hospital. The subject of pre-payment plans for medical bills is divided into sub-topics, service plans, medical society plans, consumer group plans, cash indemnity plans, and commercial insurance plans.

Special instructions are given for the indigent and veterans.

Every Kansas physician could use this pamphlet to advantage in his reception room. Patients who read about the pre-paid medical plans will be in a receptive mood for Kansas Physicians' Service when it is made available to them. This easy-to-understand explanation of the principle of health insurance should give impetus to the acceptance of Kansas Physicians' Service.

The pamphlets may be purchased from the publisher in any quantity desired at a cost of five cents each.

\* \* \*

**JUBE, THE STORY OF A TRAPPER'S DOG.** By Thomas C. Hinkle, M.D., Onaga, Kansas. Published by Morris and Company, New York, and Arrowsmith and Company, Ltd., London. Price \$2.00.

**MEN UNDER STRESS (In and After Combat).** By Lt. Col. Roy R. Grinker, MC, and Major John P. Spiegel, MC. Published by Blakiston Company, Philadelphia. 484 pages. Price \$5.00.

### China Needs Medical Personnel

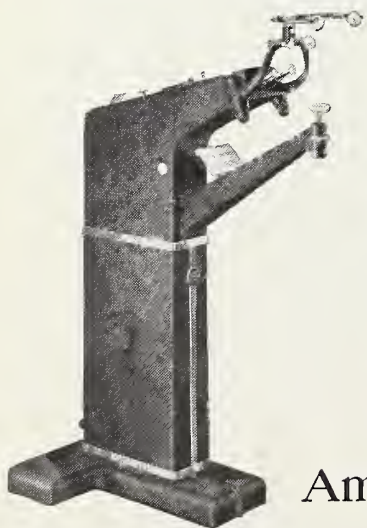
The United Nations Relief and Rehabilitation Administration has been asked by the Chinese government to provide 200 field personnel to head the respective services in hospitals of 100 or 250 beds in areas recently liberated from the Japanese.

The categories in which Chinese personnel need assistance are: general, orthopedic and genito-urinary surgeons, gynecologists and obstetricians, dermatologists and syphilologists, ophthalmologists, otolaryngologists, radiologists, pediatricians, laboratory technicians, X-ray technicians, and general physicians. Candidates should be under 55 years of age and in good physical condition.

Those interested are asked to write Szeming Sze, M.D., UNRRA, 1344 Connecticut Avenue, N.W., Washington 25, D. C.

# AO Ophthalmograph

## Stairways to Objective Analysis



The AO OPHTHALMOGRAPH provides the orthoptist with a permanent, objective record such as the cardiograph supplies the heart specialist. The ophthalmograph records by actual photography on a moving film the exact performance including every fixation, every sweep of the eyes, every regression, every peculiarity of the patient's reading habits.

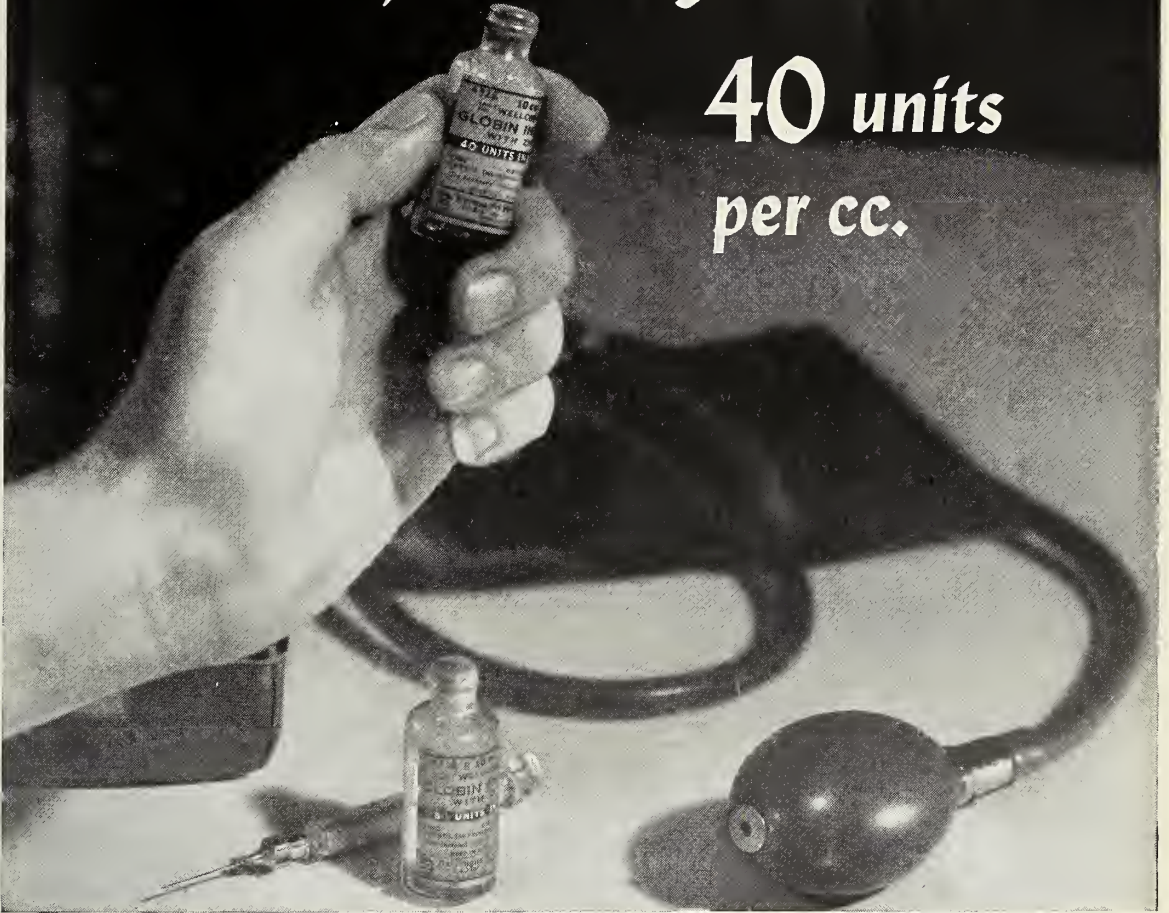
The film is self-developed in ten minutes, and the instrument is simple and easy to operate. Consult your nearest American Optical Branch Laboratory for further details.

American  Optical  
COMPANY



# Greater flexibility now ...

## 40 units per cc.




THE NEW STRENGTH of 'Wellcome' Globin Insulin with Zinc, 40 units per cc., gives the physician greater flexibility in prescribing globin insulin to meet patients' needs. The lower strength is particularly suitable for milder cases where fewer units are needed for diabetic control. While the U-80 continues in wide use, especially for moderately severe and severe cases, the new strength enables the practitioner and patient to meet insulin requirements more closely.

Other recognized advantages of 'Wellcome' Globin Insulin with Zinc still hold, of course—the relatively rapid onset, the sustained action for sixteen or more hours covering the period of maximum carbohydrate intake, and the dimin-

ished activity at night minimizing the likelihood of nocturnal reactions.

The new 40 unit strength will be readily distinguishable by a distinctive *red* and tan label. As before, the 80 unit per cc. ampule is easily recognized by its *green* and tan label. Both strengths are available in vials of 10 cc. Developed in the Wellcome Research Laboratories, Tuckahoe, New York. U.S. Patent No. 2,161,198. Literature on request. 'Wellcome' Trademark Registered.

'WELLCOME'  
*Globin*  *Insulin*  
WITH ZINC



BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9 & 11 EAST 41ST

STREET, NEW YORK 17, N.Y.

## AUXILIARY

### President's Message

Now that the fall meeting of the State Board is a thing of the past, we turn toward future activities with stimulating ideas received from the reports of the various county organizations. The units are functioning in a splendid manner.

Tentative plans are being made for a conference of Auxiliary presidents and presidents-elect to be held December 5 and 6 in Chicago, at the time of the meeting of the American Medical Association. Mrs. H. L. Regier of Kansas City, your president-elect, and I will attend this conference and feel sure that we will return with recommendations and suggestions for future activities.

Yours to serve,

Mrs. Hugh A. Hope.

### State Board Meeting

Mrs. Hugh A. Hope, Hunter, was hostess to 25 members of the State Board at its fall meeting held September 26 and 27 at the Porter hotel in Beloit. Those attending received many ideas for future work and are enthusiastic about plans for the year.

The Auxiliary members were guests of the Mitchell County Medical Society at a dinner held the evening of the 26th. Dr. H. B. Vallette, Beloit, gave the address of welcome, with Mrs. F. C. Beelman, Topeka, responding. A very interesting talk on medical work in the Pacific was given by Dr. H. S. Foutz, Minneapolis, who recently was released from the service. Senator Neil Fuller, Beloit, chairman of the committee on Public Health in the Kansas Senate, spoke on health legislation.

Mrs. W. Y. Herrick, Wakeeney, opened the meeting the morning of the 27th with an invocation, and Mrs. Vallette led the group in the pledge of loyalty. Mrs. Hope spoke on the work that should be done during the coming year on health education, legislation, and circulation of Hygeia.

Each state chairman gave an outline of her plans for the year, after which district councilors and presidents of the county groups told of their work. Among the reports were several which included ideas not formerly discussed. The Wyandotte county group has been engaged in musical therapy work in three Army hospitals. Members from Shawnee county have performed voluntary service for the Blue Cross and for tuberculosis and cancer control organizations. Other groups reported on Hygeia and Bulletin subscriptions, with Mitchell county showing a record of 100 per cent on subscriptions.

A luncheon followed the meeting, after which the past president, Mrs. Leo J. Schaefer, Salina, presented a state president's pin to Mrs. Hope to wear during her term of office. Mrs. Hope presented a county president's pin to Mrs. Vallette.

Those attending the two-day session report the meeting most successful and are appreciative of the hospitality of Mrs. Hope.

### Hygeia

The public looks to the medical profession for the control of disease, and the doctor's wife is expected to know

the health problems of her community. It takes interest, study, and hard work to get this information. What is more necessary than to have the latest information on these subjects, presented in the simplest manner?

Hygeia will help us answer these questions. It gives us a reference book and, if studied, will enable us to answer intelligently questions asked us. Doctors can ethically bring vital health facts before the public through Hygeia.

Young mothers welcome the articles on child care, nutrition, helping children form health habits, etc. It gives in clear, concise and simple terms scientific knowledge of the medical word that even the school child will understand.

Again this year the Woman's Auxiliary to the American Medical Association is making the promotion of Hygeia one of its major projects. Try placing them in all U.S.O. centers, veterans' hospitals, colleges, high schools and grade schools. People are becoming more and more health conscious and grasp every opportunity given to them.

This year Hygeia will include articles by the most eminent authorities. Some of the coming articles are as follows: "Gall Bladder Trouble—Prevention and Aid"; "Your Teeth—To Have and to Hold"; "Conquering Breast Cancer". Other vital topics in issues soon to come are on modern child care, health in middle age, scientific disease prevention, sex education, food and nutrition, home economics, physical exercise, care of the eyes, hair, and skin. All are practical, easy to read messages for you to enjoy and profit by.

Hygeia gives health information, but each article emphasizes the intrinsic value of the family physician. Let us as doctors' wives present their work to the laity with every available means. Let us make plans for the year 1945-1946 to ask every member of the Auxiliary to be responsible for at least two subscriptions and an extra one for a Christmas gift.

The Hygeia contest closes January 31. Even if the contest is over, still keep Hygeia in mind and whenever possible present it as an authentic and reliable health magazine.—*Mrs. H. H. Woods, chairman, State Hygeia Committee.*

### Shawnee County Meeting

The Shawnee County Auxiliary met September 3 at the home of Mrs. F. C. Taggart with Mesdames H. L. Hiebert, J. F. Casto, E. H. Decker and O. A. McDonald assisting. Thirty-two were present.

Mrs. L. L. Kauffman gave a book review, "Anything Can Happen", after which Mrs. F. C. Beelman discussed work with the Blue Cross.

Morale is like a mantle of invincibility, the wearer of which feels stronger, fears less, fights harder. What is the fabric of which this mantle is woven? Its foundation is faith, faith in the cause for which we fight. In its texture are interwoven confidence in our leaders, security in our weapons, a trust in the equality of our sacrifices. The fabric is waterproofed by a will to victory that readily accepts hardships.—Joseph L. Fetterman, M.D., in Ohio State Medical Journal.

This is the first time since the Woman's Auxiliary to the American Medical Society was organized that no annual meeting is being held. This was to have been the 23rd annual session.

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

NOVEMBER, 1945

Number 11

## TRAUMATIC CHYLOTHORAX

Harry J. Davis, M.D.

Topeka, Kansas

Traumatic rupture of the thoracic duct with resulting chylothorax is uncommon enough that it is not always recognized early in the case. The very nature of the onset of symptoms, as related later, makes it easy to miss the diagnosis at first, and the infrequency of the accident makes it important that we keep this condition in mind in chest injuries.

The thoracic duct begins at the Cisterna Chyli, which lies in front of the first and second lumbar vertebrae, to the right side of and behind the aorta. The duct runs upward, passing through the aortic hiatus of the diaphragm and passes upward along the anterior surfaces of the vertebral bodies, to the right of the aorta, but slightly to the left of the mid-line until it reaches the level of the fifth thoracic vertebra where it inclines to the left until it reaches the neck, where it forms an arch which rises three or four cm. above the clavicle, then drops downward and empties into the angle of junction of the left subclavian vein with the left internal jugular vein.

This duct conveys all of the chyle and most of the lymph into the blood. The only lymph which it does not carry is that from the right side of the head, neck, and thoracic wall and from the right upper extremity, right lung, right side of the heart, and part of the convex surface of the liver. Chyle is a milky fluid taken up by the lacteals from the food in the intestine after digestion. It consists of lymph and emulsified fat. Lymph is a transparent, slightly yellowish fluid of alkaline reaction which fills the lymphatic vessels. It is occasionally of a light rose color from the presence of red blood-corpuscles and is often opalescent from particles of fat. Under the microscope it is seen to consist of a liquid portion and of corpuscles. These lymph corpuscles are granular and are not to be distinguished from white blood-corpuscles. Lymph coagulates when drawn from the body. Lymph liquor differs chemically from blood liquor in quantity rather than in constituents, both fluids consisting of water, albumin,

fibrin, and salts. Lymph contains as much fibrin and salts as does the blood, but contains less albumin and more water.

Injury to the thoracic duct may result from direct wound to the duct, usually at the base of the neck, or from gunshot wound, but these direct injuries are very rare. It is more commonly injured indirectly by contusion of the thorax by a crushing injury or by an accident which causes compression fractures of the bodies of one or more of the thoracic vertebrae. In the indirect injuries the duct may be torn by fractured bones or it may happen without fracture due to a bursting rupture by reason of the hypertension from compression of the thorax, the duct distends and gives way, especially if the subject struggles and also if the accident occurs during active digestion, when the duct is distended with chyle. At least one case has been reported in which the fluid accumulated bilaterally because of tearing of both pleurae along with the ruptured thoracic duct. In the majority of cases the chylothorax is on the right side. The amount of chyle escaping is usually large and from 27 to 29 liters have been obtained by puncture within a few days, while on the other hand some only discharge a few cc.

A very important point to note is the fact that the accumulation of chyle is never noticed immediately. As a rule from two to five days elapse before there is distress, but as long as 21 days have gone by before enough fluid collected to give trouble. No definitely satisfactory explanation has been given for these delayed cases, although it has been suggested that the duct might have been torn at the time of the accident, in a bursting type of rupture, and the parietal pleura might have remained at least partially intact for a time so that there would be an accumulation of some chyle within the soft tissues where it would be held for more or less time, only to break through into the pleural cavity later.

A rather definite syndrome has been described

as common to all cases of traumatic chylothorax. (1) The patient apparently suffers no ill effects referable to the cardio-respiratory system. (2) Fluid gradually collects in one or both chest cavities, more commonly in the right. (3) Three days, or more, after the injury the patient rather suddenly goes into collapse, characterized by dyspnoea, orthopnea, and fall in blood pressure with very feeble radial pulse. (4) Instant relief obtained by thoracentesis. (5) Fluid obtained is of orange-gray color.

Prognosis is always serious and about half of the patients succumb, either from the original injury, or from collapse along with the accumulation of the fluid, or from inanition later.

#### TREATMENT

The best treatment seems to be repeated punctures without rib resection, which has been done in some cases without good results. In some of these the resection was done because of mistaken diagnosis, thinking the case to be one of empyema. There is no way of producing an intrathoracic tamponade by air or fluid and there is no advantage in leaving some of the fluid. To do so only means more aspirations with that much more danger of infection. It is wise to give a diet which is rich in sugars and very low in fats to reduce the amount of chyle. Some articles have advised the restriction of fluids and others have stated that it is better to give abundant fluids, but in the case at hand it did not seem to make much difference which was followed. At the time his appetite was very poor and he did not take much fluid he was accumulating the greatest amount of chyle. There was, however, a marked decrease noticed when he was put on a fat-free diet. Whole blood transfusions may be needed or blood plasma may be used if the serum protein becomes lowered. Intravenous glucose has been said to cause a rise in the lymph pressure and might be harmful. Bauersfield (1937) described a patient with chylothorax whose condition steadily retrogressed until tubing from a needle in the chest was connected with a direct transfusion set and the fluid was reintroduced into the basilic vein. The general condition then improved and weight increased.

The following are brief abstracts from a few cases of this type of injury to show the wide variety which might be encountered. It will be more fully realized how these vary if it is stated that these six cases are all of the total number of cases reported in the Year Book of General Surgery from 1928 to 1943.

1928—(1) France—Male, age 32, with skull fracture. Became rational after few days and on eighth day developed pain in his right chest. Suspected hemo-thorax from x-ray. Puncture produced

two liters of yellowish fluid (chyle). Two more punctures, six and four liters respectively. Recovery after four months.

1931—(2) Spacciabello, Italy—Male, age 18. Bicycling accident and had contusion over the left supra-clavicular region. After 24 hours developed dyspnoea and cyanosis, and thoracentesis evacuated quart of bloody fluid which separated, after standing, into layer of blood and another of chyle. Further punctures and developed empyema for which two ribs were resected. Recovery.

1934—(3) J. F. Scott, Yakima, Wash.—Male, age 37, crushed between truck and platform. Because of indications the abdomen was opened and there was considerable free blood. The only bleeding point found was "on the peritoneum at the hepatic mesocolon." Stopped with pressure of hot sponge. He developed some right thoracic pain and dullness but was allowed to go home on 14th day. Returned on 19th day with right thorax full of fluid. Small needle evacuated a grayish fluid. Rib resected and then it was realized that fluid was chyle. After stormy time with transfusions, etc., he went home on the 63rd day.

1936—(4) Strauss, Mt. Sinai Hospital, Cleveland, successfully treated a woman of 24 years with chylothorax from bullet wound, and reviewed seven others. In his case there were 36 aspirations for a total of 79,800 cc.

1938—(5) Giornelli, Italy—Girl, age 17, run over by hay wagon. Had acute pain in right chest and slight bloody expectoration. No pleural effusion for two days then developed slowly without causing any disturbance. Tenth day effusion seemed to suddenly increase and filled right pleural cavity. Dyspnoea. Two and one-half liters of chylous fluid removed by thoracentesis and two more liters three days later. That night the girl awakened with intense dyspnoea and died in a few minutes. At necropsy 3,200 cc. yellowish red fluid found in right chest and complete rupture of thoracic duct at 10th thoracic vertebra.

1940—(6) C. J. Cellan-Jones & William Murphy, England. Man, age 32, ate large breakfast at 6:00 A.M. and at 9:30 A.M. was struck by large stone in coal mine and fell striking dorsal spine on block of coal. He experienced an immediate feeling of constriction in his chest and acute pain in the left knee, but a few minutes later was able to crawl away. When examined two hours later there was no dyspnoea and the shock was trivial. He was most concerned about a gripping tightness in his right chest and this was thought to be the result of an abrasion across his back. X-ray disclosed fracture of left tibia and possible damage to ninth dorsal vertebra with no displacement. There was

no evidence of rib injury and no pleural effusion. Third day temperature rose to 100° F and for the first time there was some dyspnoea. Tentative diagnosis of pneumonia and was given sulfa-pyridine. Next day patient collapsed, with pulse to 130, B.P. subnormal, and respiration rapid and distressed. Authors decided to aspirate what they thought to be a moderate-sized pleural effusion on the right side and to their surprise a quantity of fluid which resembled "pale tomato soup" was withdrawn. Repeated aspirations produced 27 pints by 12th day when patient died in state of exhaustion, in spite of intravenous glucose, etc., and rectal feedings. At autopsy, more fluid, collapsed right lung, and a diamond-shaped gap torn in the parietal pleura along the spinal column, three inches long and three-fourths inch wide with its center along the ninth and 10th thoracic vertebrae.

The case at hand is that of a male, aged 71, who had eaten his evening meal at about 6:30, and shortly after 9:00 while walking across the street was struck by a car and knocked to the pavement. There is some question as to whether or not the car ran over his body. He was brought to the hospital immediately by ambulance where he was seen and examined and was found to have many superficial abrasions of his face, arms, body and legs where he had skidded on the pavement, and that was the only external evidence of injury. He was conscious, and not in any particular amount of shock. He complained of pain in the upper half of his neck and through his chest. His condition was good enough that no x-rays were taken that night and he was given a hypodermic of morphine and put to bed. Temperature 99.4, pulse 84, respiration 20.

The following morning his condition was very satisfactory and he required no further medication. X-ray of his chest and back at that time showed compression fractures of the bodies of the seventh, eighth, ninth and 10th dorsal vertebrae with possibly a slight forward displacement of the body of the 10th. No other x-ray evidence of injury was found.

His condition was very satisfactory until the morning of the ninth day when he developed dyspnoea, pulse of 128, respiration 30, and became quite restless. Examination showed a dullness of the entire right side of his chest, and every other physical sign of complete filling of the right side of the chest with fluid. X-ray of the chest showed entire opacity of the right side. The original x-ray was re-examined for evidence of rib injury which might account for pleural effusion and none was found. Thoracentesis was done and 500 cc. of orange-yellow fluid removed from the chest and

the patient was given considerable relief. Sp. gr. of the fluid was 1.014. Two days later, the 11th day, he again complained of dyspnoea although not as marked as before and 700 cc. of similar fluid was removed, again affording considerable relief. On the 16th day he was uncomfortable again and 900 cc. were removed and the laboratory was asked to examine the fluid for fats and for the first time a diagnosis of chylothorax was made. The other two specimens had gone through the laboratory for examination and culture. This is merely mentioned to show the ease with which this rather uncommon condition can be passed over.

Following this at irregular intervals many tapings were made and these tapings varied in quantity secured with Wangenstein suction apparatus connected to the thoracentesis needle. On November 10, which was his 70th hospital day, 4,360 cc. of fluid was obtained. After the first two tapings all the other tapings were of a different color and had lost their orange cast and were now of a yellow-gray color. Up to this time there had been a great question of his nutrition but with this large quantity of fluid accumulating in his chest, only four days after 2000 cc. had been removed, it was decided to put him on a very low fat diet. On his 35th day 500 cc. of citrated blood had been given but his blood picture had remained unusually good and further transfusions of whole blood were deemed unnecessary.

On November 10 hemoglobin was 100 and red blood count was five million. On October 2, which was his 31st day, the patient showed a very definite cardio-vascular collapse and we thought he was going to die. His pulse was imperceptible at the wrist or temple and respiration was very rapid and uneven, with involuntary urination. He was given cardio-respiratory stimulants and oxygen and his condition improved, although it was not until about seven hours after this time that it looked like he had any chance whatever to survive. The chest had been tapped only that morning and we felt certain his condition was not due to a filling of fluid since 4000 cc. had been removed that day seven hours before his collapse. During the next three or four days his general condition was doubtful at times but he did make a remarkable recovery from that attack.

From the 70th to the 88th day in the hospital he required no tapping, but on the 88th day he again became uncomfortable and thoracentesis was done. Only 700 cc. could be removed, apparently indicating a pocketing of the fluid since it was not felt that the chest was well drained, although he was given considerable comfort. Four days later he was again tapped and 700 cc. removed.

It is interesting to note that after he was put on a very low fat diet the fluid was much less creamy than before, as one would expect, and x-ray taken before this lighter fluid was removed showed much less density of the fluid to x-ray penetration.

On November 22, the 79th day, he was complaining of considerable pain in his right shoulder region extending from the right upper arm upward and into the back of his shoulder. No definite cause of the pain was found. There was some edema of the right upper arm with pitting with pressure. No other edema was found on the body. Three days later there was definite edema in this right upper arm and in the axillary tissues, but still there was no edema elsewhere. The pain had disappeared from his shoulder. On November 27, for the first time, there was an extension of the edema away from the right shoulder and it was then present in the skin along the right side of the chest and abdomen and in his left hand. It was noted that he lay on his right side most of the time and because of an old, crippled left arm did not use this left arm very much, and the left hand lay in a dependent position in the bed. The edema was probably a nutritional edema and serum protein reading made on this day was 3.9. He was placed on a high protein diet and given liver extract and blood plasma.

On December 8, which was his 95th hospital day, 1500 cc. of yellowish-gray cloudy fluid was removed and as this fluid was removed it was citrated, the same percentage ratio as is used for citrated blood for transfusion. Some difficulty was met in trying to give this fluid back into his vein because his left elbow was badly crippled and partially ankylosed from an old injury and there was considerable edema in this region which made this side almost useless as far as finding a vein was concerned. With the edema at the right elbow, and with his one fairly good vein damaged by removal of blood for study by technician, we were unable to return this fluid in his vein. The fluid, after being citrated, was placed in refrigeration until the next day. Then it was diluted with equal parts of normal saline, and 2000 cc. of this diluted fluid was given intravenously. The other 500 cc. was kept in refrigeration until December 11, three days later, when that fluid was given intravenously without being diluted. In addition to this 500 cc. he was given, by intravenous route, 500 cc. more of citrated, but undiluted, chyle which was removed from his chest on that date.

This same type of treatment was carried on throughout the remainder of his stay in the hospital, until he finally became very weakened from malnutrition and in spite of all supportive treatment died 144 days after his injury. On January

7, which was the 123rd day, he complained considerably and was very restless and, although physical signs of his chest did not seem to indicate any filling of fluid thoracentesis was done and only 850 cc. could be obtained. This amount was citrated, refrigerated, and kept until January 16 when it was given by intravenous route. On several occasions the citrated chyle was kept in refrigeration for as long as one week because we had accumulated more than he was able to take intravenously as we went along.

In all a total of more than 36,000 cc. of chyle was removed from his chest in quantities varying from 500 cc. up to 4360 cc. It is interesting to note that on some of the days when the largest quantity of fluid was removed he was not as uncomfortable before the thoracentesis as he was on other days when smaller quantities were removed.

Postmortem examination was performed and for the report at hand we will limit our statements to the findings of the right chest. Upon opening the right pleural cavity, there was a complete collapse of the entire right lung, with a filling of the chest cavity with a grayish-yellow fluid with considerable sediment fairly typical of chyle. It was difficult to be certain that the upper portion of the thoracic duct was found at all because it had been collapsed for 144 days. However, by working upward from below, starting with the cisterna chyli, the lower portion of the thoracic duct was followed upward to the level of the tenth thoracic vertebra where it had been completely severed. There was a compression fracture of this vertebra as was mentioned in the early x-ray report.

Conclusion: This case is particularly presented in order that we might all be on the look-out for such an injury. I, personally, was very surprised at the color of the fluid at the first tapping and did not recognize its character. The laboratory technicians and the pathologist did not recognize its character and it was spoken of to several other doctors and they had no more thought of the type of fluid than I had. The same experience of surprise was mentioned in several of the cases which are briefly reported in this paper and taken from the literature and for this reason it is advisable that we keep this type of injury in mind in all crushing chest injuries.

Some very interesting knowledge may be gathered from this case at hand. It is interesting to note that in spite of his age of 71, and in spite of his heart which did not seem to stand abuse as well as a young heart might stand it, we were able to keep him alive for 144 days with only one blood transfusion and the returning of his chyle

into the vein after citrating the same. This all was done in spite of a handicap of only one good vein which was really usable for intravenous medication and one other small vein which was repeatedly badly thrombosed from its use. It is also interesting to note that this chyle was kept in refrigeration for periods as long as eight days, much the same as blood is kept in a blood bank. Only on one occasion did we have some agglutination of the fibrin and that was a very small quantity and was strained out as the citrated chyle was being used. We firmly believe that our patient might have had a fairly good chance of recovery had he been younger and in better physical condition to begin with. We also firmly believe that

it is of great value to return the chyle to the patient intravenously as mentioned.

It is also interesting to note that this case, as well as several others reported, seems to show that the thoracic duct is more likely to be injured at the level of the ninth and 10th thoracic vertebrae, with vertebral injury, than at other levels. In this small number of cases that is no criterion, but at least it adds one more point to be watched for in crushing chest injuries.

#### BIBLIOGRAPHY

1. Bull. et Mem. Soc. Nat. de Chir. LIV, 1928, 172.
2. Riforma Med. XLVII, 1931, 1402: Sept. 14.
3. Northwest Med. 33, 1934, 30: Feb.
4. J. Thoracic Surg. 5:539-551, June 1936.
5. Ann. Ital. di Chir. 17:775-87, Aug.-Sept. 1938.
6. Brit. M.J. 2:590-591, Nov. 2, 1940

## THE ROENTGEN RAY

X-RAY . . . new eyes for the physician . . . a new light to guide the hand of the surgeon . . . a light that can put on photographic film the record of damage done to a person's lungs by tuberculosis germs. These things we have in 1945. All because 50 years ago a scientist, at work in his laboratory, saw something he did not understand . . . but had sense enough to investigate. . .

The scientist was Wilhelm Conrad Roentgen, professor of physics at the University of Wurzburg. From his laboratory in 1895 came the announcement that he had discovered a new kind of light.

The professor was doing some experiments with cathode rays. His apparatus was a Crookes' tube, and an induction coil with a mercury interrupter—standard equipment for laboratories of the day. But, without knowing why, perhaps, Roentgen covered the tube with thick black paper so that no visible light could come through. He darkened the room completely. Then he applied current to the tube. To his amazement he saw a few brightly fluorescent crystals shining in the darkness on a table some distance from the tube. How could this be?

He checked to see that there was no leak in the thick black paper. The fluorescence continued. He knew that the fluorescence was caused by some kind of light. But what kind? Invisible light?

What Roentgen saw had probably been seen by many before him. But he was the first to grasp its true significance, and he went to work at once to investigate and interpret his mysterious light. For days he ate and slept in his laboratory. He did not want to be interrupted in his work of putting his discovery through one test after another.

Finally, after eight weeks of intense work, he released a statement "On a New Kind of Ray."

Because of the ray's unknown quality he called it X-ray. But there were many things about it that were known to him. His experiments had shown that the ray could pass through wood, paper, flesh and many other materials through which ordinary light cannot go. He noted that the ray could go through some objects more easily than through others. For example, when he held his hand between the tube and a fluorescent screen he could see the shadow of the bones in outline. Substituting a photographic plate for the screen, he made a photograph of Mrs. Roentgen's hand. The result was the first X-ray picture—a photograph showing bones and a metal ring, but no flesh.

Public announcement of Roentgen's discovery brought instant attention. The world of science and medicine was quick to see the benefits that the new ray would bring to mankind. If Roentgen could use his "light that never was on land or sea" to make such a photograph of his wife's hand, why couldn't it be used to show broken and diseased bones, or even diseased organs of the body?

Magazines of the day carried articles that marvelled at, as well as made fun of the discovery. News of Roentgen's rays rivalled the headlines of the Boer war in the daily papers. Who was this man whose name was suddenly known to everyone?

Wilhelm Conrad Roentgen was born in Lennep, Germany, on March 27, 1845. Home, however, was Apeldoorn, in Holland, where his merchant father moved the family when Wilhelm was three

(Continued on Page 388)

## PRESIDENT'S PAGE

*TO THE KANSAS DOCTORS OF WORLD WAR II:*

Since 1818, when Congress established a Medical Department for its armed forces, the doctors of this country have, in time of war, continued to render a great humanitarian service to its fighting men. The Kansas Medical Society takes great pride in your accomplishments and in the high honor your services have brought to the profession in World War II. Your voluntary enlistments have always exceeded the quotas set for Kansas, thereby demonstrating a true spirit of cooperation with your government.

Your care of the service men, given without thought of self, brought them through in the best possible physical, mental, and emotional states. You gave your services, often under the most difficult and dangerous of conditions, and proved to be not only good physicians but good soldiers. The fact that the death rate of our soldiers after hospitalization in World War I was two and one-half times greater than in this war under similar circumstances shows a rapid advance in medical science and its application by physicians.

Those of us who remained at our respective posts and who endeavored to fill the enormous gap left after your departure are now utilizing every resource at our command to hasten your return to your homes and your practices. During your absence the Kansas Medical Society resisted the encroachment of political domination and of inadequately trained practitioners who tried to lower the standards of medicine.

A fund has been donated by the doctors of Kansas to assist you in defraying the cost of postgraduate education in the hope that such a gift might be useful. In the event you do not desire formal education, we will endeavor to provide opportunities for you to work with the specialists in whose fields you are interested.

All members of your Society, including your executive officers, welcome the opportunity of supplying information regarding locations and of helping you in whatever way they can. In return for anything we may be able to do for you, we ask only that you participate actively in the affairs of your Society. In this way you will be instrumental, not only in maintaining, but also in raising the standards of Kansas medicine.

Sincerely yours,



W. F. Allen, M.D.

President

## EDITORIALS

### 87th Annual Session

After an interruption because of the war, the Kansas Medical Society will again hold an annual session complete with scientific papers of interest to the entire profession, scientific and technical exhibits, an annual banquet, and other entertainment features.

The meeting has been scheduled for April 22 to 25, 1946, and will be held at the Forum in Wichita. On Monday, April 22, there will be a golf tournament and a social event in the evening. On Tuesday morning general assemblies will begin and will continue through Thursday afternoon.

The general chairman for the 87th annual session is J. E. Wolfe, M.D., Wichita, who has already selected the various chairmen for local arrangements. J. S. Reifsneider, M.D., is chairman for scientific work; H. R. Hodson, M.D., chairman for entertainment; R. H. Maxwell, M.D., publicity; A. L. Ashmore, M.D., reception; A. E. Hiebert, M.D., scientific exhibits; J. L. Beaver, M.D., commercial exhibits; B. P. Meeker, M.D., arrangements; C. C. Brown, M.D., auxiliary. Others will be added at a later date.

Arrangements have already been made with one of the leading decorators of the midwest to make the exhibit area the most attractive in the history of the Kansas society. Visiting speakers will be selected with care to bring you an outstanding program.

The committee members recognize that theirs is an unusual responsibility as well as an exceptional opportunity. They will do everything possible to make this first postwar annual session attractive, beneficial and entertaining for the returning serviceman who wants to reorient his thinking along civilian lines as well as for the civilian doctor who has been unable to attend graduate courses or lectures because of pressures due to the war.

### Radiology Comes of Age

One of the epic dates in medical history will be celebrated November 8, the fiftieth anniversary of the discovery of x-ray. It was on this day in 1895 that an obscure Bavarian scientist, Wilhelm Conrad Roentgen, made a startling observation and gave to medicine a tool that is one of the most valuable in the doctor's armamentarium.

No less spectacular than the discovery itself was the quick realization throughout the medical world that this new "unknown" ray which could penetrate opaque objects, including human tissue, would be enormously useful to doctors. Within a few

months crude x-ray machines were being used by curious physicists and physicians, in America as well as in Europe, for the demonstration of broken bones and foreign objects in living persons. Almost immediately the possible benefits to medical science were recognized by discerning members of the profession. By the middle of the following year, medical society audiences in all sections of the United States were hearing discussions on the technique of simple Roentgen examinations and the demonstration of pathology in the intestines, lungs, and other internal organs. By May, of 1896, several hospitals in New York and Chicago had opened "Roentgen departments".

The American College of Radiology is this fall conducting a public educational program to tell the story of Roentgen's discovery, the early growth of radiology and the subsequent development of this important specialty in medicine.

In deference to the great contribution the Roentgen ray has brought to the practice of medicine, responsibility of the physician employing the Roentgen ray in his practice and surely to the specialist who by training and experience offers to the physician and to his patients the potential value of the contribution, is heavy.

The position of radiology among the specialties is almost unique in that it embraces within its purview so many phases of other specialties and inclusiveness of age groups; that if it is to be employed to the fullest of its potential advantages some knowledge, at least, of every other recognized specialty within the practice of medicine is required.

Early investigators in radiology, following upon the steps of Percy and other experimenters, proved that the biologic effect of x-rays on new-growth cells was different than on normal tissue, and gave medical science a powerful ally in the search for a successful cancer cure. Steady progress has followed and today the radiologist and surgeon stand side by side with their respective techniques which, alone or together, have improved the curability of malignant disease from year to year.

On this, the fiftieth anniversary of the discovery of x-ray, it is well that we reflect on the great contribution that the early workers, many of whom were martyrs, have brought us, enabling us to reach the present state of professional ability in the application of this new aid to the diagnosis and treatment of disease.

It is both coincidental and significant that just fifty years after Roentgen, while studying the phenomena of atomic energies, discovered the x-ray, American and British scientists unlocked another

secret door in the atom. Today all thoughtful men throughout the world are devoutly hoping that the atomic bomb will become more than an instrument of awful destruction and that this latest step along the path which Roentgen and his contemporaries first opened will lead ultimately to another benefit for human welfare.—LEWIS G. ALLEN, M.D., *Chairman of the commission on public relations of the American College of Radiology.*

### Benefits for Returning Medical Officers

In an effort to offer tangible evidence of welcome the Kansas Medical Society presents several programs designed to benefit the returning medical officer. These are planned to assist him during the transition period prior to his return to the civilian practice of medicine. They represent an expression of gratitude on the part of the doctors who have remained at home during the war.

Financial assistance is offered those who wish graduate work. The Kansas Medical Society has collected a fund through voluntary contributions which will be distributed among those veterans who desire additional training, whether it be formal schooling, residencies, or in whatever other form the veteran may select. Assistance from this fund is available regardless of whether the medical officer is eligible for aid under the G. I. Bill of Rights. This gift comes directly with the best wishes of the individual doctors of the Kansas Medical Society and is available to all medical officers from this state who wish graduate training.

The University of Kansas has organized a graduate school of medicine and doubled the number of residencies at the University of Kansas hospitals. It is understood that similar attempts to enlarge resources have been made by all medical schools in the United States. Financial assistance will be given regardless of which school or kind of training the doctor veteran selects.

For those who do not plan a course in formal schooling or who prefer not to take a prolonged residency, the Kansas Medical Society offers the services of its members wherever this assistance might be requested. The various specialists and general practitioners will welcome the opportunity of providing practical experience. These have been called assistantships and are available for whatever short periods the officer desires. It is hoped thereby to answer the problem so frequently expressed by service men that, having been out of touch with medical practice, they hesitate opening an office until some practical experience can be had. Arrangements may be made individually or through the executive office. Here again benefits under the Kansas fund will be paid.

Dr. F. L. Loveland, chairman of Procurement and

Assignment, as well as the Executive Office, welcomes inquiries regarding locations and will do everything possible in supplying information on this subject to those who are planning to practice in some community other than where they were prior to the war.

The Kansas Medical Society takes pride in its medical officers. The society is anxious to be of service in any way they direct, and looks forward to the coming years toward a period of greater activity that at any time during its 87 years of accomplishment.

### Examinations for American Board

The next written examination and review of case histories (Part I) for candidates for the American Board of Obstetrics and Gynecology, Inc., will be held in various cities of the United States and Canada and by special arrangements at Army and Navy stations on Saturday, February 2, 1946, at 2:00 P. M. Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held later in the year.

Arrangements will be made so far as is possible for candidates in military service to take the Part I examination (written paper and submission of case records) at their places of duty, the written examination to be proctored by the Commanding Officer (medical) or by a medical officer designated by him. Material for the written examination will be sent to the proctor several weeks in advance of the examination date. Candidates in military service who wish to do so may send their case records in advance of the examination date to the office of the secretary. All other candidates should present their case records to the examiner at the time and place of taking the written examination.

The place of the Board's Part II examination in May or June 1946 has not yet been decided, but it is likely to be held in that city nearest to the largest group of candidates. The exact time and place will be announced later.

If a candidate in service finds it impossible to proceed with the examinations of the Board, so that his plans are thus interrupted, deferment of parts of these without time penalty will be granted under a waiver of our published regulations covering civilian candidates.

For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh 6, Pennsylvania.

### Oklahoma City Clinical Conference

The Oklahoma City Clinical Society has announced its 15th annual conference for November 26 through November 29. A complete program of lectures, symposia, post-graduate assemblies, commercial exhibits, round-table luncheons, dinner meetings, and entertainment has been planned, equal to any program of prewar sessions.

Clinical conferences are of more than usual value at this time since many civilian physicians have been too busy to attend such meetings for several years and physicians in military service have not found it possible to be present at the meetings in which they are interested. A record registration is expected.

A complete list of speakers will be found in an advertisement for the conference on page 372.

## EXECUTIVE OFFICE

### Veterans' Administration

The Central Office wishes to report a problem concerning the Veterans' Administration which has now crystallized in the form of a bill introduced in the House of Representatives of the United States Congress. This is H. R. 4225, introduced by Mr. Rankin on October 1. It was referred to the Committee on World War Veterans' Legislation.

This is a bill to establish a Department of Medicine and Surgery in the Veterans' Administration. This is the second bill of this kind to be introduced by the same person. H. R. 4225 appears to be a revision of the bill Mr. Rankin introduced in May. It adds somewhat to the personnel of the Veterans' Administration over the recommendations made in the previous measure, but in general it clarifies details that had not been touched by his earlier effort.

H. R. 4225 sets up many departments, including a medical corps, dental corps, nurses' corps, auxiliary corps, and reserve corps. There are dietitians, occupational therapists, etc., besides making a place for 2595 medical officers. To be eligible for appointment, a doctor must be a citizen of the United States and hold a degree from a college of medicine approved by the Veterans' Administration. He must have completed an internship and be licensed to practice medicine in one of these states or territories of the United States or in the District of Columbia.

The salary will compare with that given to those of similar rank in the United States Army. A captain in the Veterans' Administration will receive pay equal to that received by a captain in the Army. The bill provides for postgraduate education, for pensions, and for many other details concerning the service, as well as providing for 25 per cent additional pay to specialists and stating that civilian consultants may be used.

Of primary interest to the medical profession, however, are two sections. Section 16 states that in time of war the President may declare this department a part of the military forces of the United States and provides that under those circumstances members of the corps shall then be exempt from selection or draft for service.

The other section is quoted in full for your consideration. This apparently applies to peace time as well as war since nothing is said to indicate anything to the contrary.

"Section 18. Commissioned officers and noncommissioned personnel of the Department of Medicine and Surgery may be detailed for service with the medical services of the Army and Navy, and commissioned, appointed, or enlisted medical personnel of the Army or Navy may be detailed for service with the corps when such detail, in the judgment of the heads of the agencies concerned, or of the President, will promote the public interests without impairing the efficiency of the service or services involved."

### The Pepper Bill

Enough has been written on the Pepper Bill to bring to your mind immediately that this measure introduced by Senator Pepper and other members of his committee intends to carry on into the post-war era and will considerably expand the services that now have been given under the E.M.I.C. If Senator Pepper's bill becomes law, virtually all maternity care will be eligible for payment under this act. Provisions for pediatric care will also be considerably

expanded. The program will be supervised and controlled on a national level by the Children's Bureau and will be administered in each state by the State Board of Health.

Believing that it will be of interest to the medical profession of Kansas, we are printing below a letter in which Dr. F. C. Beelman, secretary and executive officer of the Kansas State Board of Health, expresses his views on this subject. The letter is addressed to the secretary of the Association of State and Territorial Health Officers, of which Dr. Beelman is vice president. This association attempts to guide federal agencies by directing attention to difficulties that arise on state levels as the result of federal participation.

Dr. Beelman's letter will be discussed by the Association of State and Territorial Health Officers. If his opinion prevails in that group, an effort will be made to encourage Congress to modify the Pepper Bill along the lines suggested.

Dr. Beelman's letter reads as follows:

September 26, 1945.

V. A. Getting, M.D.

Secretary, State and Territorial

Health Officers Association

Boston, Massachusetts

Dear Doctor Getting:

I thought it best to give you written information concerning our attitude on the Maternal and Child Welfare Act proposed by Senator Pepper.

1. The Medical Society and the Board of Health are strongly opposed to a federal program such as this bill proposes.

2. States should be permitted to use any funds that are appropriated for such purposes in correlation and cooperation with medical insurance plans of the medical profession in the states.

3. Provisions should be provided to give the state a hearing before a fair tribunal (not the Secretary of Labor or his appointees) to determine whether the broad provisions of the act have been included in the state plan or carried out before withholding funds from the state.

4. There should be a definite guarantee that the states might work out general details for any plan provided they follow the general broad provisions or policies of an act of this kind.

We further feel that whatever provisions and influence can be brought to bear by the State and Territorial Health Officers Association in controlling and shaping this type of legislation as mentioned above should be used.

With best wishes, I am

Sincerely yours,

F. C. Beelman, M.D.

Secretary and Executive Officer  
Kansas State Board of Health

### Study Diagnosis of Syphilis

The Kansas State Board of Health has arranged a series of conferences on methods and interpretation of the diagnosis of syphilis for serologists and physicians to be held in Topeka on November 15, city auditorium; Salina, November 16, Casa Bonita; and Wichita, November 17, city hall.

Dr. J. P. Berger, Wichita, will speak at each evening meeting on "The Clinical Application of Serology to the Diagnosis of Syphilis" and L. Y. Mazzini, of the Indiana State Board of Health, and Ad Harris, of the United States Venereal Disease Research Laboratory, will speak during the afternoon sessions. The program will also include a demonstration of technics.

## MEN IN SERVICE

Capt. Kenneth R. Hunter, who has served in the Army for 38 months, has recently been stationed in California, after two and a half years of overseas duty, and is now returning to civilian life. He is re-opening his office in Lebo for general practice.

\* \* \*

The Sedgwick County Medical Society has announced the return to civilian practice of two of its members who have been serving in the Army Medical Corps, Major George L. Thorpe and Capt. Lyle B. Putnam. Both doctors served overseas during the war.

\* \* \*

Dr. C. W. Erickson, formerly of Pittsburg, has been promoted to the rank of major in the Army Medical Corps. He is attached to the 58th evacuation hospital, 15 miles south of Tokyo, and is chief of medicine in that area.

\* \* \*

Dr. George Mandeville, who was on the staff of the Hertzler clinic, Halstead, for three years and practiced for a short time in Dodge City before entering the Army in 1942, opened an office in Spearville last month. While in the Army he spent 21 months with the Second Division in the European theater of operations.

\* \* \*

Dr. George Stafford, Salina, was recently released from the service after having spent 19 months in Africa as flight surgeon with the Air Transport Command.

\* \* \*

Capt. Norman R. Ritter, who served overseas for 22

months, is now on terminal leave and is looking forward to his discharge from the Army late this month. He is entitled to wear five battle stars on his European theater of operations ribbon, a Presidential unit citation, the Legion of Merit, and two French decorations, the Croix de Guerre with palm, and the Fourragere.

\* \* \*

Dr. Frank Moorhead re-opened his office in Neodesha last month after an absence of three years while serving in the Army Medical Corps. He was stationed at Camp Chaffee, Arkansas, for two and a half years and at Camp Robinson, Arkansas, for the past six months. During that time he has had charge of general medical wards, skin department, and X-ray department work.

\* \* \*

Major Ray Leiker, who formerly practiced in Great Bend, has returned from 32 months service in Africa and Europe and is expecting to be released from the Army within the next three months.

\* \* \*

The United States Senate recently confirmed the promotion of a Kansas doctor, William C. Menninger, of the Menninger Clinic, Topeka, to the rank of brigadier general.

\* \* \*

Major Carl Stensaas, Lindsborg, has returned to this country after serving overseas for a year and a half, and is looking forward to receiving his discharge in two months. While in the E.T.O. Major Stensaas acted as chief of surgery with a field hospital and as commanding officer of one of the hospital units. He is entitled to wear four battle stars and the Bronze Star, received for his part in the battle of the bulge.

## THANKFUL

We are grateful indeed, this month of Thanksgiving.

Grateful that the firing has ceased.

Grateful that many of our boys are returning to normal life.

Grateful that we have so many considerate and understanding friends.

Friends that have realized the situation we have been up against, and have uncomplainingly accepted inconveniences during the past few years.

Again, we say many thanks, and we are grateful, indeed.

## QUINTON-DUFFENS OPTICAL COMPANY

*Your Local Independent Wholesaler*

TOPEKA

HUTCHINSON  
KANSAS

SALINA

## Cook County

### Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)  
Incorporated not for profit

#### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting November 5, November 19 and December 3.

**GYNECOLOGY**—Two Weeks Intensive Course on dates to be announced after January 1st.

**OBSTETRICS**—Two Weeks Intensive Course on dates to be announced after January 1st.

**ROENTGENOLOGY**—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy available every week.

**UROLOGY**—Two Weeks Course and One Month Courses every two weeks.

**CYSTOSCOPY**—Ten Day Practical Course every two weeks.

**GENERAL, INTENSIVE AND SPECIAL COURSES IN  
ALL BRANCHES OF MEDICINE, SURGERY  
AND THE SPECIALTIES**

**TEACHING FACULTY—ATTENDING STAFF OF  
COOK COUNTY HOSPITAL**

Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.

# RAPID AND PRONOUNCED REDUCTION OF STOMACH ACIDITY

**Creamalin promptly reduces stomach acidity. Moreover, the**

**antacid effect is sustained. • • With Creamalin there is no**

**compensatory reaction by the gastric mucosa and no oversecre-**

**tion of hydrochloric acid. Furthermore, there is no risk of pro-**

**ducing alkalosis. • • When employed with an ulcer regimen,**

**Creamalin often induces rapid healing of peptic ulcer.**

## CREAMALIN

Reg. U. S. Pat. Off. & Canada

Brand of ALUMINUM HYDROXIDE GEL

SUPPLIED IN 8 OZ., 12 OZ. AND 1 PT. BOTTLES



N O N - A L K A L I N E   A N T A C I D   T H E R A P Y

W I N T H R O P   C H E M I C A L   C O M P A N Y ,   I N C .

PHARMACEUTICALS OF MERIT FOR THE PHYSICIAN • NEW YORK 13, N. Y. • WINDSOR, ONT.

Capt. G. B. Athy, who expects to be released from the Army soon, plans to resume practice in Columbus as soon as possible.

\* \* \*

Brig. Gen. William C. Menninger, Topeka, in a recent letter to the editor of the Journal, made the following comment on the release of medical officers. "I think sometimes the Medical Department, and even the War Department, is criticized rather severely about not turning loose doctors, forgetting the fact that just because the shooting has stopped, the patients don't all immediately get well and run out of the hospitals. We have nearly as many patients in hospitals as at our peak load a month ago and still have many more than we had when the shooting actually stopped. Fortunately, the discharge of these men is rapidly increasing and by the end of the year we ought to be pretty well over the hump, but in the meantime, the Medical Department has a whale of a big job."

### Aid to Returning Physicians

A number of state medical societies have set up plans designed to assist returning physicians in reestablishing civilian practices. A veterans' loan fund has been established by the Pennsylvania Society. Another society prints an advertisement in the papers announcing the return of each of its doctors from service, pointing out that all of his former patients should return to him. The Tennessee Society has printed a booklet of letters from that state's Congressmen on the Wagner-Murray-Dingell bill, and is distributing the booklet to those who request it. Copies may be secured from W. M. Hardy, M.D., 508 Doctors' Building, Nashville, Tennessee.

### New Research and Development Board

A board to be known as the Army Medical Research and Development Board was constituted in the Office of the Surgeon General in September, to be responsible for the planning and general supervision of all medical department research and development activities. Its membership will include the chiefs of the various professional services and divisions of the Office of the Surgeon General, the Air Surgeon, the Ground Surgeon, the chairman of the Division of Medical Sciences, National Research Council, and the chairman of the Committee on Medical Research, Office of Scientific Research and Development.

It is the intent of the Surgeon General to carry on an active program of research and development during the postwar period, and the new board should provide the means for maximum coordination of effort within the military service and cooperation with civilian and government research agencies.

There are three immediate tasks facing the board. Essential research must be continued in the existing research and development laboratories, despite personnel difficulties during the period of demobilization. Plans must be made and implemented for the continuation or actual expansion of research and development in the postwar period. The demobilization of the Office of Scientific Research and Development necessitates finding other sponsorship for those CMR research contracts which warrant continuation even though hostilities have terminated. Many of these contracts will be taken over by the Medical Department and administered by the Army Medical Research and Development Board.

Skill to do comes of doing.—Emerson.

## Announcing

## THE FIFTEENTH ANNUAL CONFERENCE OF THE OKLAHOMA CITY CLINICAL SOCIETY

November 26, 27, 28, 29, 1945

### Distinguished Guest Lecturers

**LEWIS G. ALLEN, M.D.**, RADIOLOGY, Professor of Clinical Radiology, University of Kansas School of Medicine, Kansas City, Kansas.

**WALTER PUTNAM BLOUNT, M.D.**, ORTHOPEDIC SURGERY, Governing Staff, Columbus Hospital; Milwaukee Children's Hospital; Milwaukee County Hospital, Milwaukee, Wisconsin.

**LOUIS A. BRUNSTING, M.D.**, DERMATOLOGY, Associate Professor of Dermatology and Syphilology, University of Minnesota Graduate School, Mayo Clinic, Rochester, Minnesota.

**RICHARD B. CATTELL, M.D.**, SURGERY, Surgeon, Lahey Clinic, Boston, Massachusetts.

**WARREN HENRY COLE, M.D.**, SURGERY, Associate Dean, and Professor and Head of the Department of Surgery, University of Illinois College of Medicine, Chicago, Illinois.

**VIRGIL S. COUNSELLER, M.D.**, SURGERY, Professor of Surgery, University of Minnesota School of Medicine, Mayo Clinic, Rochester, Minnesota.

**CHARLES BRENTON HUGGINS, M.D.**, UROLOGY, Professor of Surgery, University of Chicago School of Medicine, Chicago, Illinois.

**ERNEST E. IRONS, M.D.**, INTERNAL MEDICINE, Professor of Medicine, University of Illinois School of Medicine. President American College of Physicians, Chicago, Illinois.

**RAYMOND WILLIAM MCNEALY, M.D.**, SURGERY, Associate Professor of Surgery, Northwestern University Medical School,

Chicago, Illinois.

**AVERY D. PRANGEN, M.D.**, OPHTHALMOLOGY, Associate Professor Ophthalmology, University of Minnesota School of Medicine, Mayo Clinic, Rochester, Minnesota.

**JEAN PAUL PRATT, M.D.**, GYNECOLOGY, Surgeon-in-Charge, Division of Gynecology and Obstetrics, Henry Ford Hospital, Detroit, Michigan.

**CHESTER A. STEWART, M.D.**, PEDIATRICS, Director of Pediatrics Louisiana State University School of Medicine, New Orleans, Louisiana.

**CHARLES TURNER STONE, M.D.**, INTERNAL MEDICINE, Professor of Internal Medicine, Chairman Department, Internal Medicine University of Texas School of Medicine, Physician in Chief, John Sealy Hospital, Galveston, Texas.

**THEODORE E. WALSH, M.D.**, OTORHINOLARYNGOLOGY, Professor of Otorhinolaryngology, Washington University School of Medicine, St. Louis, Missouri.

**FRANK E. WHITACRE, M.D.**, OBSTETRICS, Professor and Head of the Department of Obstetrics and Gynecology, University of Tennessee College of Medicine, Memphis, Tennessee.

**S. MARX WHITE, M.D.**, INTERNAL MEDICINE, Emeritus Professor of Medicine, University of Minnesota School of Medicine, Minneapolis, Minnesota.

General Assemblies  
Postgraduate Courses

Round Table Luncheons  
Smoker

Dinner Meetings  
Commercial Exhibits

Registration fee of \$10.00 Includes ALL above features

For Further Information, address Executive Secretary, 512 Medical Arts Building, Oklahoma City

# Dependable Nourishment



The well nourished baby is more resistant to the common ills of infancy. Moreover it is during that all-important first year of life that the very foundation of *future* health and ruggedness is laid. Similac-fed infants are notably well nourished; for Similac provides breast milk proportions of fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements. Similac dependably nourishes the bottle fed infant — *from birth until weaning.*



A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, coconut oil, corn oil and fish liver oil concentrate.

## SIMILAC }

**SIMILAR TO  
HUMAN MILK**

M&R DIETETIC LABORATORIES, INC. • COLUMBUS 16, OHIO

## MEMBERS

Dr. D. D. Vermillion, Goodland, is spending a month in New York attending a clinical training school.

\* \* \*

Dr. Dwight Lawson was elected president of the medical staff of Christ's hospital, Topeka, at a staff meeting held October 4. Dr. James Bowen, who is awaiting his discharge from the Army, was named vice president, and Dr. Vernon Wiksten was re-elected secretary-treasurer.

\* \* \*

Dr. J. Warren Manley, who was recently released from the Army Medical Corps, has announced the opening of his office in the Huron building, Kansas City, for practice limited to diagnostic and internal medicine.

\* \* \*

Dr. P. B. Reis of Palmgren, Pa., has joined the staff of the Hertzler clinic, Halstead, as a surgeon. He was recently released from the Army, having served with the rank of lieutenant colonel.

\* \* \*

Dr. J. E. Henshall, Osborne, has announced that Dr. Ralph E. Jordan, Beloit, will be associated with him in practice. Dr. Jordan, a graduate of the University of Kansas School of Medicine, served as a major in the Army and was squadron flight surgeon for a Flying Fortress bombardment unit, later was group surgeon, and lastly served as Flier Surgeon for the Fifteenth Air Force.

\* \* \*

Dr. D. M. Diefendorf, recently released from the Army, plans to re-open his office in Waterville about December 1. While in the service Dr. Diefendorf spent 16 months with Patton's Third Army in the European theater.

\* \* \*

Dr. I. H. Neas, who has been serving in the Army since

March 1941, is now on terminal leave and is resuming his practice in Kansas City in association with Dr. P. M. Krall. Dr. Neas, a major, was stationed at Ft. Leonard Wood, Missouri, and at Winter General Hospital, Topeka.

\* \* \*

Dr. A. C. Flack, who has practiced medicine in Fredonia for the last 60 years, will be honored at a dinner to be given by the Fredonia Chamber of Commerce on November 13.

\* \* \*

Dr. J. A. Conrad, who practiced in Kansas City before entering the Army, has opened an office in Dodge City.

\* \* \*

Dr. J. H. Buckles is opening an office in Little River, after having served as physician at the Parsons ordnance plant for the past three years.

\* \* \*

Dr. C. S. Stotts reopened his office in Fredonia October 24 after an absence of four years while serving in the Army. For 18 months he was attached to a unit of engineers in Canada and Alaska, and he later served in the Pacific area, the Philippines, New Guinea and Hawaii.

\* \* \*

Dr. J. R. Newman and Dr. C. F. Young, Fort Scott, have announced reorganization of the Newman-Young clinic to add two new physicians to the staff, Dr. J. R. Prichard and Dr. Raymond Gench. All will have one-fourth interests in the clinic. Dr. Prichard began practice in Fort Scott after he was released from the service in World War I, and Dr. Gench practiced there for ten years prior to 1940. He has been serving in the Army in the Pacific since 1942. Several staff members who have been in the service, Dr. Robert Young, Dr. A. C. Irby, and Dr. Pratt Irby, are expected to resume their duties in Fort

## DIAGNOSTIC CLINIC

HUGH JETER, M.D., F.A.C.P., A.S.C.P.

*Associates and Consultants*

Complete

## CLINICAL AND LABORATORY

Facilities

Osler Building . . . . . Oklahoma City . . . . . Phone 2-8274

## ALCOHOL—MORPHINE—BARBITAL

ADDICTIONS Successfully Treated Since 1897—

Founded by B. B. Ralph, M.D.

*Write for description booklet*

## The Ralph Sanitarium

529 Highland Ave.

Kansas City, Mo.

Telephone—Victor 4850

Registered by the Council on Medical Education and Hospitals of the A. M. A.



# Jack Spratt could eat no fat...



Finicky, fanciful, and foolish, the American palate selects its food neither too wisely nor too well—and therein lies the greatest reason for widespread vitamin deficiencies. When vitamin supplementation is indicated, it can readily be achieved with a potent, balanced, yet easy-to-take, low cost Upjohn vitamin preparation.

## UPJOHN VITAMINS

FINE PHARMACEUTICALS SINCE 1886



Scott soon, and additional members will be added to the staff from time to time.

\* \* \*

Dr. F. E. Torrance, Winfield, has been appointed Cowley County health officer to succeed the late Dr. F. A. Kelley. Dr. P. F. Theis, Arkansas City, will continue in charge of the county venereal disease clinic.

### Golden Belt Medical Society

The quarterly meeting of the Golden Belt Medical Society was held at the Lamer hotel, Salina, on October 11. The following scientific program was given during the afternoon: "Common Orthopedic Problems," Capt. H. Alban, M.C., Smoky Hill Army Air Field; "Medical Problems Peculiar to East Africa," Dr. R. B. Michener, Wichita; "Industrial Fatigue," Dr. James W. Shaw, Wichita; "Critical Review of 115 Consecutive Cases of Caesarean Section," Dr. Ray A. West, Wichita. An informal meeting followed the seven o'clock dinner.

### K. U. Medical Alumni Meet

Dr. O. W. Davidson, Kansas City, was named president of the K. U. Medical Alumni Society for 1946 at its first postwar meeting held at the time of the recent Kansas City Southwest Clinical Society conference in Kansas City. Dr. W. W. Summerville was re-elected secretary-treasurer.

Members of the senior class were guests of the Society at its banquet, which was featured by an address by Dr. Claude "K. U. Red" Dixon of the Mayo Foundation. Plans were approved for the establishment of a lectureship hon-

oring Dr. Peter T. Bohan, who recently retired from active faculty service. A resolution was passed urging formation of local medical alumni units throughout Kansas and other states to bring about better Student-Faculty and Faculty-Profession relationships. Dr. Ralph Major reported on the Clendenen Memorial and the Medical Student Union Building fund.

The 1946 officers look forward to an expansion of the medical student loan fund and plans for alumni banquets at various state medical society meetings. They will appreciate comments and suggestions.

### Mitchell County Society Entertains

The Mitchell County Medical Society entertained the societies of several counties in north-central Kansas at a steak dinner at Beloit on October 9. Dr. W. P. Callahan, Wichita, president of the Kansas Medical Society, spoke on the aims and problems of the state organization.

The experimentalists in nutrition have shown that margarine may be substituted for butter fat with impunity in regard to growth, reproduction and lactation, provided the diet is nutritionally adequate. Of all the fat soluble vitamins, margarine is deficient in vitamin A, but this deficiency is made up by the fortification of the product with added vitamin A. This is a common procedure and most products on the market today are fortified in this way. The possibility of using margarine as a low cost fat may be of considerable importance in the feeding of the war seared population of Europe; it may also be used with safety in this country when a less costly edible fat is needed. —Journal of the American Medical Association, July 21, 1945.

## EFFECTIVE ESTROGENIC MANAGEMENT

Schiffelin  
**BENZESTROL**

(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

**Schiffelin & Co.**

Pharmaceutical and Research Laboratories  
20 COOPER SQUARE • NEW YORK 3, N.Y.

Providing relief from the more distressing symptoms of the menopause, with a minimum of inconvenience and expense to both the physician and the patient, this synthetic estrogen is an important part of the scheme of management of the climacteric patient. To this convenience and economy may be added the fact that Schiffelin BENZESTROL is well tolerated, making it a notable contribution to the treatment of all conditions for which estrogen therapy is indicated.

Schiffelin BENZESTROL is available for oral, parenteral and local administration.

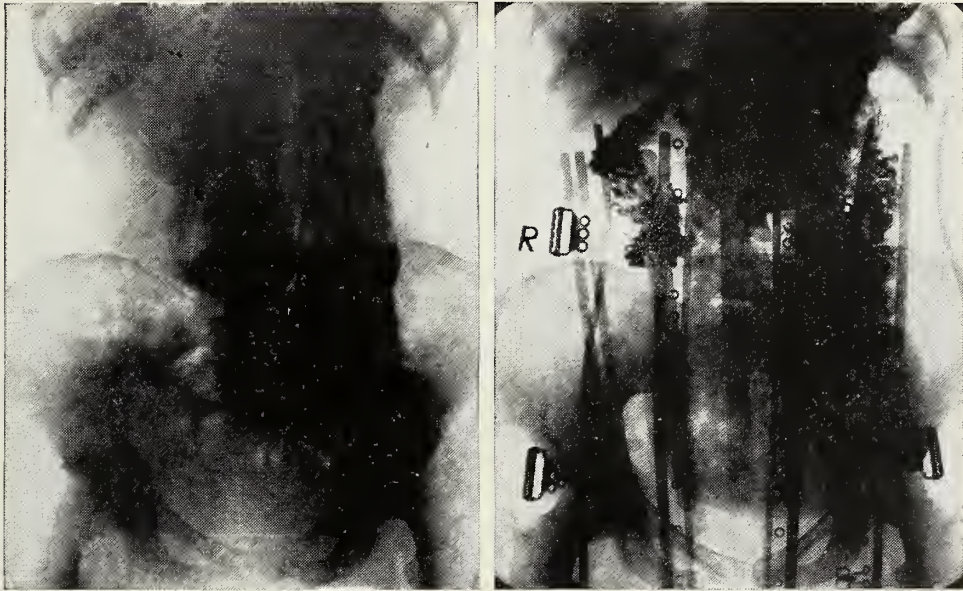
**Schiffelin BENZESTROL Tablets**  
0.5, 1.0, 2.0 and 5.0 mg. 50s-100s-1000s

**Schiffelin BENZESTROL Solution**  
5.0 mg. per cc 10 cc vials

**Schiffelin BENZESTROL Vaginal Tablets**  
0.5 mg. 100s

Literature and Sample on Request

**WHEN** *digestive symptoms and general malaise are accompanied by marked downward displacement of the viscera, they are often relieved by ANATOMICAL SUPPORT.*



*X-Ray of patient with visceroptosis. (Left) The lesser curvature of the stomach is below the crests of the ilia. (Right) X-Ray of same patient after application of Camp Support for visceroptosis indicating how the viscera is held in a more nearly normal position.*

## Visceroptosis Support - **CAMP**

The roentgenologist may or may not find disturbed conditions in the duodenum... the displaced viscera being the only finding.

For these patients, many physicians prescribe adequate rest, proper food at regular intervals, graduated exercises (especially for the patient with "visceroptotic habitus"), and a scientifically designed anatomical support. Numer-

ous reports show that this treatment results in the gradual disappearance of the digestive symptoms with improvement in general health and weight gains for the thin patient. In time the support may be discarded.

Camp Supports are also of assistance for postural defects that so frequently accompany the visceroptotic condition.



*Camp supports for visceroptosis are fitted and adjusted with the patient in the partial Trendelenburg position. Pads are frequently used under the direction of the physician.*

S. H. CAMP & COMPANY • Jackson, Mich. • *World's Largest Manufacturers of Scientific Supports*  
Offices in NEW YORK • CHICAGO • WINDSOR, ONTARIO • LONDON, ENGLAND

# Effective Convenient Economical

THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

## Mercurochrome

(H. W. & D. brand of merbromin, dibromoxymercurifluorescein-sodium)

is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



**HYNSON, WESTCOTT  
& DUNNING, INC.**  
BALTIMORE, MARYLAND

### DEATH NOTICES

#### LUTHER L. AMES, M.D.

Dr. Luther L. Ames, 94, retired Wichita physician, died there October 8. A graduate of the College of Physicians and Surgeons, Keokuk, Iowa, he began practice in Kansas at Pottawatomie, moving to Wichita 25 years ago. He specialized in eye, ear, and throat work.

#### HOWARD L. CLARKE, M.D.

Dr. Howard L. Clarke, 77, who had practiced in LaCygne for 47 years, died October 19 at Lawrence Memorial hospital. He was graduated from the Kansas City Medical College in 1898 and practiced for a short time in Olathe before opening his office in LaCygne. He was a member of the Linn County Medical Society.

#### ENOS R. CHENEY, M.D.

Dr. Enos R. Cheney, 74, of Gypsum, died October 9 at a Wichita hospital, after an illness of about a year. A member of the Saline County and Golden Belt Medical Societies, he had practiced in Gypsum since 1893, two years after his graduation from the Kansas City Medical College. During World War I he served in the Army Medical Corps at Fort Riley.

#### FRED E. ANGLE, M.D.

Dr. Fred E. Angle, 45, Kansas City, a member of the Wyandotte County Medical Society and of the American College of Physicians, died October 30 after having been in poor health for some time. A graduate of the University of Kansas School of Medicine in 1926, Dr. Angle was a member of the staff there and in addition did private practice, limiting his work to internal medicine.

### New Field Army Office

The Field Army of the American Cancer Society has announced the establishment of a new Midwest Field Army office in Chicago to widen the scope of work being conducted in combatting cancer. Mr. George B. Larson, who has served as assistant secretary of the State Medical Society of Wisconsin for the past ten years, will manage the office.

### New Geriatrics Publication

A new bi-monthly medical journal, *Geriatrics*, devoted to research and clinical reports on the processes and the diseases of the aged and aging, will appear in January, Modern Medicine Publications announces.

For some time the need for a journal of this type has been increasingly apparent. The market among patients of fifty and over is growing steadily. By 1975, it is estimated that 40 per cent of our population will be in that group. The editorial direction of *Geriatrics* will stress the investigations and advances made in the study of geriatrics and report on the clinical applications of new developments.

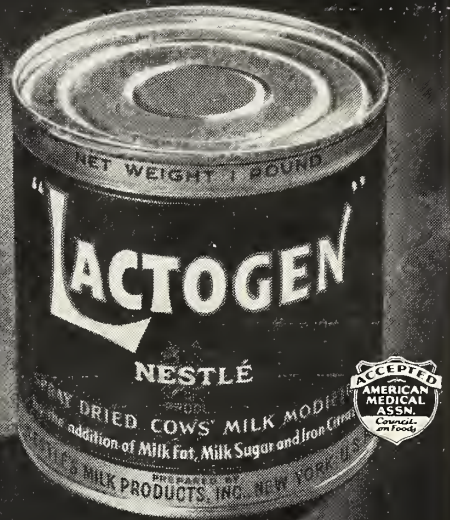
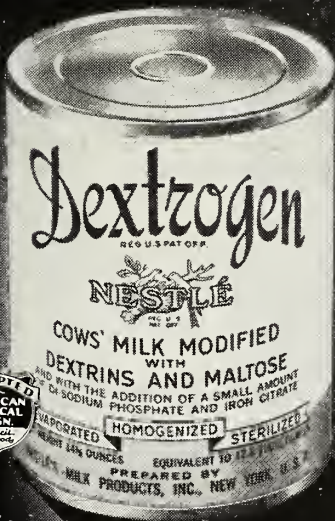
The editor is Dr. A. E. Hedback, who has been the editor of *Modern Medicine* since its inception. The editorial board serving with Dr. Hedback consists of a group of distinguished medical authors and editors, specialists in the field of geriatrics.

**LACTOGEN + WATER = FORMULA**

1 LEVEL TABLESPOON

2 OUNCES

2 FLUID OUNCES

40 CALORIES  
(APPROX.)20 CALORIES  
PER OZ. (APPROX.)**Successful in Infant Nutrition****DEXTROGEN + WATER = FORMULA**

1 FLUID OUNCE

1½ OUNCES

2½ FLUID OUNCES

50 CALORIES

20 CALORIES  
PER OUNCE

No advertising or feeding directions, except to physicians. For feeding directions and prescription pads, send your professional blank to

**Nestlé's Milk  
Products, Inc.**

155 EAST 44TH ST., NEW YORK, 17, N. Y.

# PROFESSIONAL PROTECTION



DOCTORS DISCHARGED  
from Military Service should  
notify Company immediately.

MILITARY POLICY  
does not cover Civilian Practice.

**THE  
MEDICAL PROTECTIVE COMPANY**  
**FORT WAYNE, INDIANA**



## THE BROWN SCHOOL

An exclusive year round school for children with educational and emotional difficulties. Under supervision of registered psychiatrist, resident physician, registered nurses, and technically trained teachers. Individual instructions in all academic subjects, speech, music, home economics, and arts and crafts. Separate units for different types of children. Farm and Ranch school for older boys. Private swimming pool. Fireproof buildings. View book and other information upon request.

BERT P. BROWN, DIRECTOR  
Box 177, San Marcos, Texas  
Box 3028, South Austin 3, Texas

## The Kansas Press Looks at Medicine *Forgotten Men — The Doctors*

One class of men in the service—and an important class—who are apparently being overlooked at present are the physicians who volunteered to leave their practices and go overseas to take care of our men there, and who have done a grand job.

Thousands of service men have been brought home and millions are to follow, yet the doctors are being left over there to sit and twiddle their thumbs, though they have little or nothing to do. Apparently our military authorities just haven't gotten around to them yet.

It seems strange that this should be so. If we had over there one physician to each 1,000 men, and 10,000 men are brought home, why shouldn't 10 doctors come too? Really it might be more than this proportion, since the fighting is over and not nearly as many doctors are required to care for an army of men in peace time as were while the shooting was going on and men were being wounded, or otherwise injured, or collapsing under the strain of combat.

It is to be hoped our authorities may get around to the doctors soon.—*Manhattan Mercury-Chronicle*, August 30, 1945.

## Doctor Shortage to Continue

With the war over and many matters of pressure being lifted, Old John W. Citizen may be pardoned for believing that soon now he will be provided with all the trained medical assistance he needs to minister to his delicate physical condition.

John W. is so constituted that when he suffers from an ingrowing nail or a pernicious case of dandruff, he likes to have alert and skillful medicos fluttering about him in flocks. When he is afflicted with a slight touch of b. a. in the still watches of the night, he delights in rousing a doctor to oblige by coming to his bedside immediately to administer a spoonful of baking soda or bicarb. During the war, John has missed these little attentions seriously. Of late, he has been soothing himself with the thought that it won't be long before the docs are out of uniform and at home again, and he can be accorded the flattering attention that his heart craves.

Our advice to John is to snap out of it and to come forth from his rose-colored clouds of anticipation. For the Journal of the American Medical Association asserts flatly that peacetime medical requirements of the army, navy, the veterans' administration and contemplated universal military training will combine after demobilization to bring about a need in this country for 30,000 more physicians than were practicing before the war. If this figure be accurate—and the Journal is eminent authority—a severe shortage of physicians is going to prevail indefinitely. Thirty thousand additional doctors cannot be produced overnight, or out of a hat. They must be properly educated and trained over long and rigorous regimes.

So-o, John W. Public is not to have beves of sound medical men at his beck and call to suit his slightest whim and imagination. The doctors who have been on home front duty during the war have worked like trojans and performed like heroes. From the outlook, all too few of them will be available in the immediate future years, at least.

Better fix your mouth for it, John. If you are really sick, a doctor will be on hand to attend you—faithfully and well. If you are just a malingerer and a neurotic,

# INTERESTED IN CIGARETTE ADVERTISING?

Claims, words, clever advertising slogans do sell plenty of products. But obviously they do not change the product itself.

That PHILIP MORRIS are less irritating to the nose and throat is not merely a claim. It is the result of a manufacturing difference *proved*\* advantageous over and over again.

But why not make your *own* tests? Why not *try* PHILIP MORRIS on your patients who smoke, and *confirm* the effects for yourself.

\* *Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154  
*Laryngoscope*, Jan. 1937, Vol. XLVII, No. 1, 58-60

## PHILIP MORRIS

PHILIP MORRIS & Co., LTD., INC.  
119 FIFTH AVENUE, N. Y.

### TO PHYSICIANS WHO SMOKE A PIPE:

We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

expect scant medical aid. There simply won't be enough doctors to afford you fancy frills—or else the Medical Journal is just fooling.—*El Dorado Times, August 31, 1945.*

Recently a woman was all set to travel half way across the continent from her home town to another city in order to have the professional services of a self-styled plastic surgeon. Fortunately, through the aid of two better business bureaus she received in time information which caused her to change her plans.

The record showed that this surgeon had been sued by a number of patients, after which he took voluntary bankruptcy, in which he was convicted and served a term in federal prison for concealment of assets. He was later indicted on several charges of taking money from patients under false pretenses, and in his home city was the object of much unfavorable publicity in connection with a series of newspaper articles on medical quackery.

Drowning men grasp at straws, it is said, and we have nothing but sympathy for anyone suffering from a physical ailment and seeking help and relief wherever he or she can find it. On the other hand, much physical or mental suffering all too often causes the sufferer to overlook the possibility of competent and honest help by those in the best position of all to give it—the legitimate and ethical medical men and institutions—and thereby play right into the hands of the quacks.

Particularly is the latter true when the quack is located in some distant large city. Actually, such location is in itself no guarantee of superior skill, and the patient who takes things in his own hands without consulting all possible sources of competent and honest counsel and

information is courting possible tragedy, besides a trip that might not be necessary.

It is entirely possible and probable that in this woman's own home town were one or more surgeons doing every day the type of plastic surgery needed. Unfortunately, the term "plastic surgery" has come to be associated almost entirely with operations on the face and head for the improvement of personal appearance. Actually, this is only the surface phase of plastic surgery, which in reality extends to many parts of the anatomy.

In cancer, as another illustration, the important thing is to discover it early, and there are full facilities for doing this by reputable medical science in many localities. These facilities are known to reputable practitioners everywhere, so there is little excuse for overlooking them. But no matter what the ailment, and particularly before making a long trip, it is the part of wisdom to have the counsel and advice of one's own physician.—*Ralph S. Hinman's Syndicated Column in 20 Kansas Newspapers.*

*Mr. Hinman broadcasts on KFH, Wichita, every week under the title of Dutch Uncle Talks. These talks are issued by the Business Protective Bureau of the Wichita Chamber of Commerce in the interests of protecting the public against unscrupulous salesmen and misbranded products. We thought the following comment from his broadcast of September 13 on medical quackery would be of interest to the profession.*

Remember "Doctor" William Estep, self-styled food and health authority who "lectured" in Wichita a few years ago? The Doctor or "Mahatma"—some call him,

## NET INCOME



Net income is the acid test of success, without it a specialized career may suffer. So, don't let yours be tied up in patient accounts. Send us your slow ones, or ask us for information about our various collection aids. A paid-up patient is a good patient.



## MEDICAL-DENTAL

DIVISION

## ASSOCIATED CREDIT BUREAU

SUITES 3-4, PALACE BLDG., EMPORIA

L. D. PHONE 2444

One of the bureaus of the National Association of Medical-Dental Bureaus and the Associated Credit Bureaus of America, Inc.  
A substantial institution of enthusiastic alert and progressive credit and collection experts.

PAUL O. KREUGER, Executive Director

*The Neurological Hospital, 2625 The Paseo, Kansas City, Missouri. Operated by the Robinson Clinic, for the care and treatment of nervous and mental patients and associated conditions.*

## RADIUM

(including Radium Applicators)

FOR ALL MEDICAL PURPOSES  
Est. 1919

Quincy X-Ray & Radium Laboratories  
(owned and directed by a Physician-Radiologist)

Harold Swanberg, B.S., M.D., Director  
W. C. U. Bldg. Quincy, Illinois

**SPENCERS**

*are also  
Individually  
Designed for . . .*

Fractured Vertebrae  
Spondylolisthesis  
Spondylarthritis  
Kyphosis  
Lordosis  
Scoliosis  
Osteoporosis  
Protruding Disc

Visceroptosis or  
Nephroptosis  
with Symptoms

Hernia, if inoperable or  
when operation is to  
be delayed

Prenatal-Postpartum  
Needs

Obesity  
Postural Syndrome

*And for Patients  
following . . .*

Hysterectomy  
Nephropexy  
Nephrectomy  
Appendectomy  
Cholecystectomy  
Colostomy  
Cesarean Section  
Herniotomy  
Spinal Surgery

Breast Conditions  
such as . . .

Ptosed Breasts  
Mastitis            Prenatal  
Nodules            Nursing  
Prolapsed and Atrophic  
Breasts  
Stasis in Breast Tissues

Following Mastectomy

Spencer Supports designed for men are masculine  
in appearance.

For a dealer in Spencer Supports, look in telephone  
book under Spencer corsetiere or write to us.

## Sacroiliac or Lumbosacral Disturbances

### Relieved and Averted by Spencer Support

Instability in sacroiliac and lumbosacral areas is effectively checked by a Spencer Support designed to grip pelvis, and provide coordinated abdominal and back support. Thus posture is improved.

#### *Pelvic Band Aids in Inhibiting Movement*

A simple pelvic band is incorporated in the support. The band encircles the pelvic girdle *inside* the support and is instantly adjustable from *outside* the support to any degree of snugness required. When the condition subsides, the band may be removed and the remainder of the support worn as a safeguard against recurrence of acute symptoms.

Spencer Supports designed for a man and a woman are pictured *at left*. The small insert shows the band which encircles the pelvic girdle. At center-front of the closed supports can be seen the tapes and slides by which pelvic band may be adjusted without disturbing the support.

*Why Spencer Supports Are So Effective*  
Each Spencer Support is individually designed, cut and made at our New Haven Plant *after* a description of the patient's body and posture has been recorded—and 15 or more measurements have been taken. This assures the doctor that each patient will receive the proper design to aid his treatment; that the support will improve body mechanics and will fit with the precision and comfort necessary. Yet a Spencer costs little or no more than an ordinary support.



#### MAY WE SEND YOU BOOKLET?

#### SPENCER, INCORPORATED

129 Derby Ave., New Haven 7, Conn.

In Canada: Rock Island, Quebec.

In England: Spencer (Banbury) Ltd., Banbury, Oxon.

Please send me booklet, "How Spencer  
Supports Aid The Doctor's Treatment."

Name ..... M.D.

Street .....

City & State ..... L-11-45

# SPENCER INDIVIDUALLY DESIGNED SUPPORTS

Reg. U.S. Pat. Off.

For Abdomen, Back and Breasts

seems now to be in real trouble, as he was indicted on May 1 of this year on charge of second degree murder, allegedly resulting from administering certain drugs which resulted in the death of a girl. Evidently the good doctor, who has been charging fees for teaching others how to cure all sorts of incurable diseases by his so-called "metaphysical methods," must have changed his pitch, as the racketeers say, if he has gone to using drugs. While in Wichita he had a box that he called the "Estimeter," fitted up with various electrical wires and switches and indicators, which he used to diagnose all human ailments. All he had to do was to attach the patient to this magic box, throw a switch, and the indicators told the story of what ailed you. What a burlesque on science, to think that an electrical gadget could tell automatically, when it takes a physician ten years of intensive training and perhaps a lifetime of experience to be able even to form an intelligent opinion! Yet so-called diagnoses are still being made, in spite of the fact that the Federal Trade Commission has repeatedly discredited such devices. . . . And out in California, an outfit has been advertising for sufferers from arthritis to "assure your present and future health and ability by sending a one dollar bill to help cover cost" of mailing information concerning a discovery "that will end your trouble and expense." A Bureau sent them a dollar, and got back a single sheet of printed matter, referred to as a treatise on arthritis, which stated that "the discovery is yours to enjoy for \$250." This matter has been referred to the proper authorities.


#### Neuropsychiatric Discharges in Army

The nation's total of soldiers who have been discharged from the Army for neuropsychiatric reasons has now

reached 315,000, Brigadier General William C. Menninger, director of the Neuropsychiatry Consultants Division of the Army Medical Department, said in a recent talk before the New York Academy of Medicine. He describes this problem as a "postwar challenge to medicine."

"Physicians must prepare themselves," he said, "to accept and treat what Army medical officers discovered were among their biggest problems—emotional factors in the production of illness. Treatment must be directed toward integrating the individual into his prewar identifications and satisfactions."

A resume of the Army's experience with neuropsychiatric cases indicates that only about three to five per cent of the soldiers suffered reactions due entirely to fatigue, the condition of the great majority being primarily a matter of personality disturbance.



**Braces**

PARALYSIS  
AND  
FRACTURE  
BRACES  
MADE TO  
ORDER

Your instructions faithfully executed. Qualified, courteous orthopaedic technicians.

•

**THE  
W. E. ISLE  
COMPANY**

ENTIRE SECOND FLOOR  
1121 GRAND AVE.  
KANSAS CITY, MO.  
VICTOR 2350

## Pure.. Wholesome.. Refreshing

Safeguarded constantly by scientific tests, Coca-Cola is famous for its purity and wholesomeness. It's famous, too, for the thrill of its taste and for the happy after-sense of complete refreshment it always brings. Get a Coca-Cola, and get the feel of refreshment.



# There is no *Universal Size*



THERE never has been a wedding ring that would correctly fit the finger of all women . . . and there is no universal size of occlusive diaphragm that will correctly conform to the many variations of the vaginal and cervical structures.

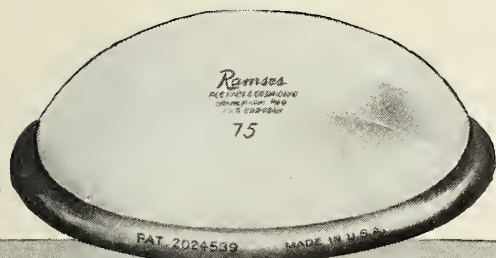
Competent clinical investigation has established that an occlusive diaphragm must be of individually correct size in order for the cervix to be properly protected against entrance of spermatozoa.

Because of the variance in the vaginal anatomy of individual patients the correct size can be determined only through measurement by a properly qualified physician.

To insure closer, more accurate fitting with greater comfort for your patients, specify "RAMSES"\* Flexible Cushioned Diaphragm on your prescriptions.



## *Ramses* FLEXIBLE CUSHIONED DIAPHRAGMS



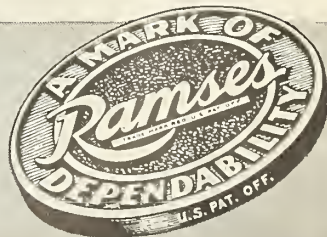
are made in gradations of 5 millimeters in sizes ranging from 50 to 95 millimeters inclusive . . . available through any recognized pharmacy.

\* The word "RAMSES" is the registered trade mark of Julius Schmid, Inc.

Gynecological Division  
**JULIUS SCHMID, INC.**

Established 1883

423 West 55th Street New York 19, N. Y.



### Policy of National Physicians Committee

A medical program designed to protect the interests and the dignity of the individual, and at the same time insure the creation and extension of voluntary plans of health insurance, was outlined recently in a statement of policy formulated by the National Physicians Committee. Some of the points brought out in that statement are listed below.

"To encourage individual physicians and medical societies to active participation in the development of plans and more general use of existing facilities to provide for easy payment of insurance against unusual and prolonged illness.

"To educate the people to the importance, nature and value of prepayment facilities now available.

"To provide authoritative information for business and industry concerning the principles underlying sound participation with employes in group health and disability insurance.

"To offer to the sponsors of voluntary non-profit insurance plans and to commercial insurance underwriters information and technical assistance for increasing participation and otherwise extending the usefulness of group and individual contracts.

"To give substantial encouragement to state and local governments to provide financial aid for the effective medical care of the indigent."

In commenting on this statement of policy, the Industrial News Review for May, 1945, commended the Committee as follows:

"The participation of physicians throughout the length and breadth of America in this constructive program will do more for the preservation of the free and independent practice of medicine, for the most effective distribution of medical care and medical facilities than any other single force. The leadership of a learned profession in the struggle for human progress, for the protection of the dignity and sanctity of the individual, may very well be the benchmark from which we as a nation will measure a new era of freedom, a greater exercise of our rights of citizenship and a renewed faith in the moral absolutes of democracy."

### Films from Britain Available

The British Consulate, with offices at 922 Walnut Street, Kansas City 6, Missouri, has announced that two new films of interest to the medical profession have been released by British Information Services and can be borrowed at nominal cost.

Any county society interested in showing these films must provide a sound film projector and operator, must guarantee safe return of the film, and pay express charges. The standard service charge on 16 mm. prints is 50 cents for the first reel plus 25 cents for each additional reel.

## THE TROWBRIDGE TRAINING SCHOOL

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

**The Best in the West**

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.

1850 Bryant Building

E. HAYDEN TROWBRIDGE, M.D.

Kansas City, Mo.

# THE Lattimore Laboratories

TOPEKA, KANSAS

J. L. Lattimore, M.D., *Director*

A. C. Keith, B.S., *Chemist*

H. C. Ebendorf, M.T., *Serologist*

**PATHOLOGY, SEROLOGY, CHEMISTRY, BACTERIOLOGY,  
HEMATOLOGY AND PARASITOLOGY**

*Containers furnished upon request.*

### OFFICES:

Topeka, Kan.

El Dorado, Kan.

Sedalia, Mo.

McAlester, Okla.



## *Not Merely* **ISOLATED NUTRIENTS**

Essential though they are, vitamins are nevertheless not the only nutrients which may be lacking in the diet of persons physically below par. Nutritional imbalance, not infrequently the cause of poor physical stamina, excessive irritability, and poor appetite, may be attributable to other dietary-induced deficiencies. In consequence, adjustment of the entire nutritional intake is indicated.

Virtually any diet can be enhanced to a point of adequacy through the addition of three glassfuls of Ovaltine daily. Made with milk as

directed, this delicious food drink supplies liberal quantities of most essential nutrients, as indicated by the table below. Qualitatively Ovaltine is equally valuable; it provides biologically adequate protein, readily assimilated and utilized carbohydrate, well emulsified fat, B complex and other vitamins, as well as essential minerals. Ovaltine proves advantageous both as a mealtime beverage and a between-meal snack. Its low curd tension insures rapid gastric emptying, hence it does not interfere with the appetite for the next meal.

**THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.**



# *Ovaltine*

Three daily servings of Ovaltine, each made of  
½ oz. Ovaltine and 8 oz. of whole milk,\* provide:

PROTEIN . . . . .	31.2 Gm.	VITAMIN A . . . . .	2953 I.U.
CARBOHYDRATE . . . . .	62.43 Gm.	VITAMIN D . . . . .	480 I.U.
FAT . . . . .	29.34 Gm.	THIAMINE . . . . .	1.296 mg.
CALCIUM . . . . .	1.104 Gm.	RIBOFLAVIN . . . . .	1.278 mg.
PHOSPHORUS . . . . .	.903 Gm.	NIACIN . . . . .	7.0 mg.
IRON . . . . .	11.94 mg.	COPPER . . . . .	.5 mg.

\*Based on average reported values for milk.

# Fitful Blaze

● Unaccountable pain and tension . . . vasomotor disturbances . . . irregularity . . . mental depression—all contribute to the familiar menopausal picture. *A picture that flickers—like firelight on a wall—interrupting many a woman's life program at its busiest.*

● You have a dependable treatment for menopausal symptoms when you administer a dependable solution of estrogenic substances.

● For this delicate task, Solution of Estrogenic Substances, Smith-Dorsey, has won the confidence of many physicians. Smith-Dorsey Laboratories are fully equipped, carefully staffed, qualified to produce a medicinal of guaranteed purity and potency.

● With this product, you can help to steady many of those "fitful blazes."

## SOLUTION OF

## Estrogenic Substances

## SMITH-DORSEY

Supplied in 1 cc. ampuls and 10 cc. ampul  
vials representing potencies of 5,000, 10,000  
and 20,000 international units per cc.

THE SMITH-DORSEY COMPANY  
LINCOLN . . . NEBRASKA

Manufacturers of Pharma-  
ceuticals to the Medical  
Profession Since 1908



## THE ROENTGEN RAY (Continued from Page 365)

years old. His boyhood and early school days in Holland were like that of most boys. In fact, he was not considered a very good or serious student.

His first interest in science came at the Zurich Polytechnical School in Switzerland where he had the good fortune to study with August Kundt, an experimental physicist. Roentgen was preparing to be an engineer, but he spent much of his time in Kundt's laboratory. After he graduated in engineering, he took a degree of doctor of philosophy with a study on gases. As he put it, "I had two diplomas, one as an engineer and the other as a Ph.D. . . . however I could not bring myself to go into engineering. . . . He (Kundt) told me to try physical science . . . In short, at the age of 24 years, and already practically engaged, I began to experiment and to study physics . . ."

He was "practically engaged" to Bertha Ludwig whom he married in 1872. The Roentgens then set out on a career which took them to universities in Wurzburg, Strassburg, Hohenheim, Gies-sen, and back to Wurzburg. At the University of Wurzburg he and Bertha spent their happiest years.

The happy routine at Wurzburg was, of course, affected by the discovery of what his colleagues now called Roentgen rays. He lectured on his discovery before the Physical Medical Society in Wurzburg early in January, 1896. He was asked to give a personal demonstration of the new rays before Kaiser Wilhelm II. Other invitations came for him to speak, but Roentgen made a policy of refusing. Universities began to bid for his services. Finally in 1900 he accepted the call to head the Physical Institute at the University of Munich. A year later he received the Nobel prize for physics—the first year of the award.

For some twenty years until his death in 1923, in Munich, Roentgen saw phenomenal development of his rays. Industry, agricultural, art and countless other fields besides medicine and science fitted it to their uses.

Benefits of Roentgen's ray are striking in the fight against tuberculosis. Before X-ray the physician had to depend upon sound and touch to find tuberculosis. By the use of X-ray, however, tuberculosis can be discovered in its early stages; treatment can be begun when it will do the most good. Today new and improved X-ray equipment makes low-cost X-ray examination of the chest possible for everyone. Such mass X-raying of apparently healthy people gives new hope for the complete elimination of tuberculosis.

To the zeal and creative genius of a scientist will go much of the credit for this promised conquest of disease. For, although X-ray equipment has

# *The Menninger Sanitarium*

For the Diagnosis and Treatment of  
Nervous and Mental Illness

# *The Southard School*

For the Education and Psychiatric  
Treatment of Children of Average  
and Superior Intelligence. Boarding  
Home Facilities.

Topeka, Kansas

undergone notable development, the principle of the X-ray itself remains the same as when laid down by Wilhelm Conrad Roentgen in his laboratory on November 8, 1895.—*Tuberculosis Abstracts, November, 1945.*

### Care of Poliomyelitis Victims

The care of persons afflicted with poliomyelitis was discussed at a meeting held in Wichita recently by representatives of the Kansas Crippled Children Commission, the National Foundation of Infantile Paralysis, and the Kansas State Board of Health.

The Commission will hospitalize only those cases which have been committed to its care by action of probate courts. These can be acute, convalescent, or old cases with crippling defects. The individuals receiving this care must be single and under 21 years of age. They must be hospitalized in an approved hospital.

The National Foundation will pay the cost of medical and hospital care for all cases not being cared for by the Commission, regardless of age or marital status, providing definite financial need is shown. Cases may be hospitalized in any medically acceptable institution which has facilities and trained personnel for treating poliomyelitis.

### BOOKS RECEIVED

*AUTONOMIC NERVOUS SYSTEM, THE.* Third edition, enlarged and revised. By Albert Kuntz, Ph.D., M.D. Published by Lea and Febiger, Philadelphia. 687 pages. Price \$8.50.

*CLASSIC DESCRIPTIONS OF DISEASE.* Third edition, revised and enlarged. By Ralph H. Major, M.D., University of Kansas School of Medicine. Published by Charles C. Thomas, Publisher, Springfield, Illinois. 679 pages. Price \$6.50.

*OSSEOUS SYSTEM, A HANDBOOK OF ROENTGEN DIAGNOSIS.* By Vincent W. Archer, M.D. Published by the Year Book Publishers, Inc., Chicago. 320 pages. Price \$5.50.

*A.M.A. COUNCIL ON PHARMACY AND CHEMISTRY REPORTS, 1944.* Reprinted from the Journal of the American Medical Association.

*AMERICAN RED CROSS FIRST AID TEXTBOOK.* Revised edition. Prepared by the American Red Cross. Published by the Blakiston Company, Philadelphia.

*NEW AND NONOFFICIAL REMEDIES, 1945.* Issued under the direction and supervision of the Council on Pharmacy and Chemistry of the American Medical Association.

# Zemmer

PREScribe OR DISPENSE  
**ZEMMER PHARMACEUTICALS**  
A complete line of laboratory controlled ethical  
pharmaceuticals. KA-11-45

Chemists to the Medical Profession for 44 years.

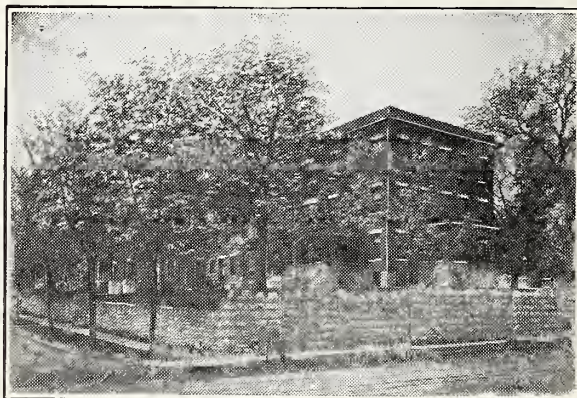
**THE ZEMMER COMPANY**  
Oakland Station • PITTSBURGH 13, PA.

## THE MAJOR CLINIC ASSOCIATION

3100 EUCLID AVENUE

KANSAS CITY, MISSOURI

A Well  
Equipped  
Institution  
for the  
Nervous and  
Mental  
Diseases and  
Alcohol  
Drug and  
Tobacco  
Addictions



Beautiful  
Location  
Large,  
Well Shaded  
Grounds,  
Spacious  
Porches,  
All Modern  
Methods for  
Restoring  
Patients to a  
Normal  
Condition

HERMON S. MAJOR, M.D.  
Medical Director

HENRY S. MILLETT, M.D.  
Associate Medical Director

HERMON S. MAJOR, JR.  
Business Manager



## National Pharmacy Week, Nov. 4-10

*emphasizes the fact that*

**YOU CAN'T OVERRATE  
THE VALUE OF  
CONTROL**

**N**owhere is the principle of control better appreciated or more carefully exercised than by our country's pharmacists. National Pharmacy Week gives us this opportunity to express recognition and acclaim of the members of this exacting ethical profession . . . for their years of specialized study and training — their devotion to accuracy — their service in public health.

- Translating physicians' orders into finished formulae is a responsibility highly valued and solemnly regarded by more than 10,000 skilled pharmacists in conveniently located Rexall Drug Stores throughout the land.
- Your very own neighborhood offers the broad, dependable service of one of these Rexall Drug Stores. Here your orders are competently filled with finest ingredients — outstanding among which are U. D. pharmaceuticals, famous for the quality control which insures their unvarying purity and potency.

## UNITED-REXALL DRUG CO.

U.D. products are  
available wherever  
you see this sign



Pharmaceutical chemists for more than 42 years  
Boston • St. Louis • Chicago • Atlanta • San Francisco • Los Angeles  
Portland • Pittsburgh • Ft. Worth • Nottingham • Toronto • So. Africa

**UNITED-REXALL DRUG COMPANY AND YOUR REXALL DRUGGIST • Your Partners in Health Service**

## KANSAS MEDICAL ASSISTANTS' SOCIETY

### Helping the Doctor Collect His Money\* Part II

By David Morantz, Kansas City, Kansas

It is not good policy to plead poverty nor state that you need the money when asking for what rightfully belongs to you.

It is so easy—so tempting, sometimes—to put a biting sarcastic remark into a collection appeal that it is often difficult to resist that temptation. However, when it is realized that a patient of years standing may be lost by a single untactful remark or inference in a collection appeal, would it not be time well spent to give some constructive thought to the subject of putting a little of the human touch or personality into your collections?

One doctor, when his first two statements are ignored, writes on his third the three words "If You Please", and he tells me he has tested this plan against letter writing and it has pulled results far in excess of letters.

Another has printed on an excellent quality of brown card, about three by four inches in size, the one word "Please" which he incloses with statements.

A leading publishing house uses this copy on a neatly printed leaflet enclosed with its second statement:

#### "CHEERFULNESS"

"Cheerfulness is a goodly habit, both in its possessor and the world he is born to face."

In the same cheerful manner we asked for your subscription, we now ask for a check. The attached

\*From an address delivered before the Wyandotte County Medical Assistants' Society.

statement shows the amount due.

Cheerfully yours,

The second paragraph might be changed by the physician to read "In the same cheerful manner that I served you, I now ask for your check. The attached statement shows the amount due."

One day a doctor friend of mine said to me, "Everyone who works as hard as a doctor has a pay day. Why is the doctor compelled to wait until every other creditor has been paid before he gets his money? Can you write a little message for me to send with my second or third statement to call this to the attention of my patients? Probably they just do not realize how important this is to the doctor."

I wrote the copy for such a leaflet and then sent the tentative copy I had prepared to several other doctor friends of mine for their comments. Several splendid suggestions were received and the following leaflet was the composite result:

#### SUPPOSE YOUR EMPLOYER

Came to You Next Pay Day and Said:

"I didn't make expenses this week so I can't pay you now."

And suppose he said the same to you the NEXT pay day, and the NEXT and the NEXT. How would YOU feel?

Now Consider Your Doctor:

HIS PATIENTS are HIS employers. If HIS patients do not pay HIS bill—HIS salary—HE cannot pay HIS grocer, HIS landlord and others.

He was kind enough to extend credit to you when YOU NEEDED it.

So Let's Play Fair and

**PAY THE DOCTOR THIS PAY DAY!**

Of course, this should be sent only to persons employed on a regular salary.

(To be continued)

## FOR 32 YEARS

(31 Years in the Same Location)

We have specialized in the collection of accounts for professional men, hospitals, morticians, etc. Not only do we get results, but we always endeavor to retain for our clients the friendship and good will of those from whom we collect.

We have no postage nor docket fees; no filing nor membership fees. We receive only a moderate commission for results obtained. Absolutely no collection, no charge. And we remit monthly on every cent collected.

Here is all you need do to start our monthly checks coming to you: Send us a list of your past due accounts giving name and address of each debtor, amount due and date of last payment or charge. Do not send itemized statements. Just list totals of each account.

As members of the Collection Service Division of the Associated Credit Bureaus of America and also of the American Collectors Association, with a total of over 3,000 affiliated collection offices, we can render you a dignified, effective, "on the ground" collection service whether your debtors are located in the United States, Canada, Alaska or Hawaii. These offices, like our own office, were elected to membership after careful investigation as to efficiency and reliability—and each office is covered by a surety bond.

**Reference:** Security National Bank, 7th and Minnesota Avenue, Kansas City, Kansas.

## MORANTZ MERCANTILE AGENCY

DAVID MORANTZ, Manager

SECOND FLOOR, GROSSMAN BUILDING, KANSAS CITY, KANSAS

*"Established 1913 and our first client is still with us."*

## *On Antibody Formation*

It is well known that severely underfed patients with nutritional edema are excessively susceptible to infections, that infections superimposed on wasting diseases or marasmic states show a rapid, frequently fatal course. In the light of recent findings, both of these facts—heretofore but poorly understood—may well be on the way to conclusive explanation.\*

Evidence is rapidly accumulating that antibodies, our chief weapon against infection, are modified proteins of the globulin type. During active immunization, antibody formation presents a continuous process, requiring its share of amino acids.

Experimentally it has been demonstrated that induced hypoproteinemia reduces the capacity to produce agglutinins, precipitins, hemolysins. Adequate protein intake thus gains increasing significance as an essential factor in the resistance to infectious disease.

Among the protein foods of man meat ranks high, not only because of the percentage of proteins contained, but principally because its proteins are of high quality, able to satisfy every protein need.

*\*Cannon, P. J.: J. Am. Diet. Assn. 20:77 (1944)*

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



**A M E R I C A N   M E A T   I N S T I T U T E**

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

## AUXILIARY

### President's Message

This is the season for Thanksgiving, and I am sure that many of us have hearts bursting with thankfulness for the safe return of loved ones. Of course there are also others whose hearts are full to bursting with the sorrow caused by love for those who did not return. And yet, I feel certain, that in searching for it even they will find something which may be comforting and for which they may feel thankful. And then there is always the knowledge of the enduring love and protection of our Heavenly Father. To Him let us give thanks for the final termination of a horrible war.

Speaking of thankfulness, I should say that the members of the Woman's Auxiliary to the A.M.A. and the Kansas Medical Society should feel deeply grateful to the many doctors who do feel and express their appreciation of these organizations for their efforts and their desires. We constantly hear praise of the organization from doctors who are familiar with our work.

May each one of us feel it a personal responsibility to live up to the standard which we as an organization have rated. Our organization can be no better than its membership, so let us realize that we have a reputation to maintain and let us not fail in so doing. We are entering an era wherein we have greater opportunity and when there is greater need for our usefulness than at any previous time in history. We dare not fail. We are begging every eligible wife to unite with us and know the satisfaction of having done a big job well.

Faithfully yours,

Mrs. Hugh A. Hope.

### Press and Publicity

This year we want the Auxiliary page in the Kansas Medical Journal to be representative of each and every Auxiliary. We want you to report every meeting as soon as it is held. We want especially the following information:

1. Name of the County Auxiliary.
2. Place of meeting and hostesses.
3. Date of meeting.
4. Members in attendance.
5. Program, including names of speakers and subjects of addresses.
6. Outstanding activities of the Auxiliary.

The last is especially important as it may suggest to other Auxiliaries opportunities for them. Remember news for the Auxiliary page must reach me by the 25th of the month to appear in the next Journal.

Mrs. Robert E. Pfuetze, Chairman  
State Press and Publicity Committee.

### Auxiliaries Over the State

The Shawnee County Auxiliary met October 1 for a luncheon with Mrs. W. L. Borst as hostess. Assisting were Mesdames Leo Turgeon, W. H. Elkins, L. A. Curry, F. E. Glauner and H. L. Clark. Mrs. James Stewart gave a talk on social agencies in Topeka, after which convention reports were made.

\* \* \*

Mrs. E. E. Tippin, president of the Sedgwick County Auxiliary, entertained the executive board at a luncheon meeting at the Innes Tea Room, Wichita, on October 1.

The Sedgwick County Auxiliary was represented by Mrs. E. J. Nodurft on a radio program, Betty Kilowatt, over a Wichita station on September 19.

\* \* \*

Mrs. H. B. Vallette was hostess to the Mitchell County Auxiliary on September 11, when plans were made for the fall meeting of the board. After the meeting the members were invited to attend a picnic given by the Community Hospital Board of Beloit.

\* \* \*

A meeting of the Labette County Auxiliary was held at the county health center, Parsons, September 26, with Mrs. N. C. Morrow presiding. Mrs. A. L. Berggren submitted the program for the coming year, Mrs. C. S. McGinnis explained the Blue Cross plan, and Mrs. Charles Miller spoke on Mercy hospital's membership in the plan.

\* \* \*

Mrs. J. A. Simpson and Mrs. W. R. Dillingham were hostesses to the Saline County Auxiliary at a luncheon at the Simpson home on October 11. A guest, Miss Minnie Cox, superintendent of nurses at Asbury hospital, spoke on the Blue Cross plan. Reports of the state board meeting held at Beloit last month were made by the state chairmen. Mrs. C. D. Armstrong, past president, presented a county president's pin to Mrs. E. M. Sutton.

Chairmen of the Saline County group for this year's activities are: Mrs. Leo Schaefer, Hygeia; Mrs. W. R. Dillingham, archives and history; Mrs. L. S. Nelson, legislation and public relations; Mrs. Rose Frey, radio and publicity; Mrs. J. A. Simpson, nominations; Mrs. C. D. Armstrong, parliamentarian; Mrs. Porter Brown, auditor.

\* \* \*

The Wyandotte County Auxiliary met October 12 at the home of Mrs. L. F. Barney for a luncheon. Mrs. K. C. Haas was chairman of arrangements with Mesdames C. E. Coburn, L. S. Fisher, C. A. Gripkey, H. H. Hesser, A. Huber, I. H. Neas, E. A. Reeves, Sr., Ray Riley, Lee Rook, and E. D. Williams assisting.

Mrs. Donald Medearis introduced the guest speaker, Mrs. John McGuire, who gave a ten-minute talk, "Mental Grooming". Mrs. George Ponick, accompanied by Mrs. L. B. Gloyne, entertained with several vocal numbers. The past president, Mrs. Haas, presented the president's pin to Mrs. John H. Luke, who now holds that office. Other officers are: president elect, Mrs. Galen Tice; vice president, Mrs. W. J. Feehan; secretary, Mrs. J. G. Evans; treasurer, Mrs. Fred Mills.

\* \* \*

The Sedgwick County Auxiliary officers and chairmen entertained the members of the Auxiliary at a tea at the home of Mrs. E. J. Nodurft on October 8, the first meeting of the fall season. Mrs. E. T. Cooper was in charge of arrangements, and Mrs. J. Barbee Robertson presented a musical program. Forty members and five guests, wives of Wichita interns, were present.

\* \* \*

Eleven members of the Labette county group were present at a meeting held at the county health center on October 24 and answered roll call with an item of current medical news. Dr. R. W. Urie spoke on "Advancement of Modern X-ray" and showed pictures illustrating the use of x-ray in diagnosis. Mrs. T. D. Blasdel, hostess, served refreshments.

The group is active in work under the direction of the Women's Field Army and will make dressings for cancer patients at the next meeting on November 28. Various groups are now working at the health center each Friday, and Mrs. Philip Gruber is directing Girl Scouts in making bandages.

# THE JOURNAL of the KANSAS MEDICAL SOCIETY

*Owned and Published by The Kansas Medical Society*

Volume XLVI

DECEMBER, 1945

Number 12

## ADVANTAGES OF COTTON AND STEEL WIRE SUTURE MATERIALS\*

M. J. Owens, M.D.

Kansas City, Missouri

and

Graham Owens, M.D.

Kansas City, Missouri

Surgical gut remains the suture material of choice with most surgeons. Recently, the literature has been replete with evidence, both experimental and clinical, that silk, cotton and rustless steel wire are superior to surgical gut in many ways and for practically all purposes. Many surgeons complain that they have experienced troublesome fistulous tract formation with the use of cotton and silk, and some find stainless steel wire too difficult to handle.

It is our feeling that dissatisfaction with the non-absorbable suture materials has been due to failure to observe the fundamental principles of technique for their use. It seems well at this time to review the essential advantages, disadvantages, and the proper method of use of these materials and to cite a few practical features about the method of suture placement in the closure of wounds.

Plain and chromic catgut are absorbable materials. Plain catgut is absorbed in a few days and cannot ever be relied upon to maintain the integrity of an abdominal wound. Its essential use is in tying small vessels or in closing the peritoneum below the fold of Douglas. The reaction set up in an effort to absorb catgut is responsible in large part for the many difficulties incident to its use.

Localio and Hinton have recently published a series of papers which show conclusively that catgut delays wound healing because of the marked tissue destruction and acute inflammation which it sets up, necessitating a prolonged period of debridement. The delay in wound healing, as compared to non-absorbable materials, has also been shown in tensile strength studies of wounds in the experimental animal.

Howes and Harvey emphasize the fact that cat-

gut is not only a foreign material, but one which actually produces an exudative reaction which delays the initiation of fibroplasia. Babcock has shown that the reaction of tissues to catgut is marked and includes actual local necrosis around the suture. Silk and cotton are less reactive than catgut, and stainless steel wire is the least reactive of all suture materials in common use today.

Intimately concerned with the pronounced exudative phase is the question of infection in the catgut sutured wound. Exudate and necrosis produce an admirable culture material with increased incidence of wound infection. Localio and his coworkers cultured experimental wounds in rats, obtaining positive cultures from 20 per cent of catgut wounds, 7.1 per cent of silk wounds, 7.8 per cent of wire wounds and 4.7 per cent of cotton wounds. Jones has reported 27.5 per cent infected wounds with the use of catgut for closing incisions of abdominal-perineal resections and only .85 per cent infected wounds when steel wire was used. He also reported an incidence of wound complications of all types in general surgical procedures of 11 per cent with catgut and 1 per cent with wire. Absorption of catgut is accelerated by infection leading to an early decrease in the tensile strength of the material and of the wound. Wire is undoubtedly the suture material of choice in the contaminated wound. Cotton and silk are not so satisfactory but superior to catgut. Cotton and silk give opportunity for ingrowth of tissue cells between their fibers while with wire there is no such possibility.

Toleration for catgut on the part of the tissues varies. Skin and fat tolerate it least well. There is more acute and marked reaction to plain than there is to chromic catgut.

Catgut is the most easily handled of the ma-

\*From the Surgical Service of St. Margaret's Hospital, Kansas City, Kansas.

terials and it is by far the most expensive. It can safely be used as a continuous suture and is therefore particularly suited for closure of the peritoneum when it is essential to have provision against wedge formation. It must be tied with three throws, preferably all square and not cut close to the knot. The single square knot with catgut is unreliable. We have tried many times to tie a square knot that would hold two ends of catgut securely. It cannot be done, and the swelling incident to its placement in the tissues may actually untie the single square knot.

When catgut must be used, it should be confined to the smaller sizes. 0 chromic provides all that can be expected of catgut for fascial and connective tissue layers, and Taylor has shown that finer catgut is less rapidly absorbed than are the larger sizes (1 and 2) because they have incomplete chromic penetration. Their larger surface allows rapid absorption of the periphery and then the incompletely chromicized core is absorbed at the rate of plain catgut. Practically, there is no place for sizes larger than 0 chromic for the closure of the abdominal wound. It exceeds the tensile strength of the tissues but may break due to shredding of the material as the knot is tied. It will hold once the knot is secured. We have seen 0 chromic, thirty days, completely gone six days after its use. There is no way of being sure of the integrity of a wound closed with catgut, for its rate of absorption varies with the individual patient, presence or absence of infection, and the lot and brand of the material.

We have not used silk to any great extent, but what may be said of cotton is also applicable to silk. Cotton is the most economical of all suture material. There is less reaction and a marked decrease in the incidence of wound infection when compared to catgut. Cotton possesses great tensile strength and is not difficult to handle, but it must be used only as an interrupted suture.

The single square knot is reliable, and the ends should be cut on the knot. Hemostasis must be complete. Troublesome fistulous tracts do occasionally develop which fail to heal until the extrusion or removal of a cotton suture. We have invariably found these difficulties traceable to faults in our technique.

Cotton cannot be safely used in proximity to catgut. The reaction due to catgut and infection make of the nearby cotton a foreign body which cannot be absorbed. With cotton alone, there is practically no reaction or infection and the material remains quietly in the tissues. It suffices for all purposes of abdominal surgery and is also particularly useful in thyroidectomy, radical mastectomy and hernia repair. Like wire, it allows early ambulation of the

patient with a definite decrease in pulmonary and phlebotic complications.

Stainless steel wire is at present the finest suture material at our disposal both from the practical and the theoretical standpoints. There is practically no tissue reaction to steel wire since it is chemically practically inert and is non-permeable. We have seen this wire in the tissues five years after its placement, remaining as shiny as the day it was used. The use of wire almost eliminates the problem of wound infection, and we have never seen the formation of a sinus tract following its use. It suffices for all purposes and possesses the greatest tensile strength of any material used at present. Wire is economical since three dollars will provide almost a mile of number 35.

It is slightly more difficult to handle than the other materials. It must be used interrupted and the single square knot is reliable. It is essential to bring both throws of the knot down surely and squarely. The ends are cut on the knot. Kinks and twists in the wire must be avoided and care taken not to puncture gloves with the sharp ends.

Wire is particularly indicated in the contaminated wound. Babcock has reported successful closures of fecal fistulas with wire after multiple failures with other types of material. The few minutes additional operating time required are well spent and pay greater dividends than any other improvement in surgical technique that we know of at present. Skin closed with wire shows no reaction and no redness provided the sutures are not tied too tightly. Patients appreciate it since there is no discomfort on removal of the sutures for no tissues adhere to them. We use number 35 for the skin, number 32 or 30 for deep layers of hernia repair, number 35 or 32 for closure of the anterior rectus sheath. Number 35 is used for tying vessels, and number 28 or 30 for tension sutures.

Our experience of the last three years includes the use of plain and chromic catgut, cotton, and stainless steel wire. We are now preparing for publication a statistical summary of this experience with relation to wound infection and healing. For a time we used very fine chromic catgut for subcutaneous ties because it shows less reaction than plain catgut. Frequently these bits of material were extruded from the wound unabsorbed, but we had few wound infections. Upon changing to plain catgut for this purpose we had an increase in wound infection. On several occasions cotton which had been used in the same wound with catgut was extruded. This has never happened in an exclusively cotton wound. We have practically eliminated wound complications of all types by using stainless steel wire.

Our present method of wound closure following

abdominal procedures is outlined below. We close the peritoneum with either continuous 0 chromic or interrupted horizontal mattress sutures of number 35 or 32 wire. Catgut is used only because it may safely form a continuous suture preventing wedging action of the omentum which is sometimes mechanically responsible for wound disruption. We then irrigate the wound with warm normal saline solution, and have found this much more satisfactory than filling the wound with sulfanilamide, which tends to produce serum accumulations.

The anterior rectus sheath is approximated with interrupted number 30 or 32 wire, the subcutaneous bleeders tied with number 35 wire. Even when the catgut is placed in the peritoneal layer, this leaves no catgut in contact with the subcutaneous tissues which tolerate it so poorly. If indicated, figure of eight tension sutures of number 28 or 30 wire are placed. These should always be in figure of eight fashion since tension applied at any point along this type of suture is transmitted to the fascia whereas in the simple Lambert type of suture the fascia tends to ride out and apart along the sutures. These should not include the muscle. No sutures are indicated or necessary in the muscles, even though the rectus has been divided transversely.

Vertical mattress sutures of number 35 wire complete the closure of the skin.

A marked difference in wounds postoperatively, depending on the type of suture material used, is very evident on simple inspection and palpation. Catgut wounds for a period of several weeks are indurated and tender. Our cotton and wire wounds are from the outset almost without induration, swelling or tenderness. This applies especially for wire. For a time we used wire on one side and cotton on the other side of bilateral hernia repairs. The patients invariably found the wire sutured side the most comfortable. This fact, together with our marked decrease in wound complications and our increasing ability to handle the wire with ease and speed, have led us to practically abandon the use of catgut and cotton.

#### BIBLIOGRAPHY

Taylor, F. W., Surgery.....	5:498—1939
Howes, E. L., Surgery.....	7:24—1940
Howes, E. L., Am. J. Surg.....	48:548—1940
Howes, E. L., S. G. O.....	73:319—1941
Meade, W. H., and Long, C. H., J.A.M.A.....	117:2140
Jones, T. E., Newell, E. T., Jr., and Brubaker, R., S.G.O.....	72:1056—1941
Localio, S. A., and Hinton, J. W., S.G.O.....	72:615—1941
Localio, S. A., Casale, W., Hinton, J. W., S.G.O.....	77:481—1941
	77:376—1943
	77:243—1943
Nixon, J. W., South. Med. J.....	37:682—1944
Pratt, G. H., S.G.O.....	74:845—1942

## SOME OBSERVATIONS REGARDING THE EPIDEMIOLOGY, SPREAD AND DIAGNOSIS OF BRUCELLOSIS\*

I. H. Borts, M.D.

Iowa City, Iowa

Brucellosis (Undulant or Malta Fever) is an infectious disease having neither a pathognomonic sign nor symptom and is contracted by contact with infected animals and the ingestion of raw dairy products. Like syphilis and malaria its manifestations are so variable that it will simulate most any condition in our medical category. On such a basis it has been referred to by Stites<sup>1</sup> as "Mimic Disease".

Brucellosis is the most common milk borne disease. It is also the most common disease transmitted from animal to man.

Brucellosis in the United States has shown a steady increase since its first recognition in 1905. During the years 1904-1924, 128 cases in humans were reported, 121 of which were from the sheep raising states of Arizona, New Mexico and Texas. One case each was reported from the states of South Dakota, Maryland and Connecticut, while four were reported from the District of Columbia. In 1925 California, Utah, and New York reported cases for

the first time. In 1926, Iowa, Illinois, Michigan, Ohio and Pennsylvania reported their first cases. During the years 1927-1930 Hardy<sup>2</sup>, et al made an extensive survey of this disease in Iowa. As a result, 42 cases were reported in Iowa in 1927, 120 cases in 1928 and 204 in 1929. Since that time Iowa and other states have fairly consistently reported an ever increasing number of cases. This increase is due no doubt to the increase in recognition of cases rather than to increased incidence. Present evidence indicates that only about one-half of the recognized cases are reported in Iowa.

Five mid-western states, Iowa, Illinois, Minnesota, Kansas and Wisconsin from 1905-1943 reported 10,133 cases of Brucellosis or 25 per cent of those reported for the entire United States for the same period. In respect to the number of cases reported during this period, Iowa stands second in the United States, Illinois sixth, Minnesota seventh, Kansas eighth and Wisconsin eleventh. See Table I.

To what extent the hog herds play in infection is suggested by the number of *B. suis* strains isolated

\*Presented at the Annual Meeting of the Missouri Valley Branch of the Society of American Bacteriologists, Topeka, Kansas, December 1, 1944.

in the Iowa State Hygienic Laboratory from human sources. See Table II. In New York State through 1938, 40 strains of *Brucella* were isolated from the blood stream of man, 38 of which were bovine, one porcine, one *melitensis* and 10 were unclassified. In the years 1939-43 inclusive 91 strains of *Brucella* were isolated in the Alabama State Board of Health Laboratories from humans. Of these 69 were *B. suis*; 21 *B. abortus*; and one was untyped.

Iowa is primarily a hog raising state, most infections being contracted by contact with infected animals rather than the ingestion of raw dairy products. On the other hand New York State is primarily an industrial and dairy state, *Brucellosis* being contracted from the ingestion of raw dairy products. Alabama is primarily an agricultural and industrial state.

Porcine *Brucellosis* in guinea pigs closely simulates tuberculosis in these animals. In the former no calcium deposition is noted when mashing the lesions between slides, *Brucella* are isolated from the organs and agglutinins are demonstrated in the blood. In the latter calcium deposition is noted and tubercle bacilli are demonstrated in stained smears.

Just how the *Brucella* gains entrance to the human body seems fairly conclusive from the experimental data of Hardy and his associates.<sup>3</sup> Of 21 guinea pigs in which the skin was shaved, abraided and *Brucella* applied, 100 per cent became infected. Of 31 guinea pigs whose skin was shaved and the organisms applied, 90 per cent developed infection. Of 32 guinea pigs whose hair was clipped and organisms applied, 78 per cent were proven infected. In contrast to this only 22 per cent of 18 guinea pigs fed the same dosage of *Brucella* via a stomach tube showed evidence of active infection. Apparently the gastric juice has a decided bacterial action on organisms of the *Brucella* group. This action of the gastric juice together with the marked variations in virulence of bovine *Brucella* strains helps to account for the low incidence of *Brucellosis* in people consuming raw milk supplies known to be heavily contaminated. In our investigations it was not un-

usual to find a dairy herd heavily infected, with only an occasional case utilizing this raw milk supply developing the disease. In these instances, the organisms isolated from the milk and the blood culture of the human case show a very low grade of pathogenicity for guinea pigs. Occasionally highly virulent strains for guinea pigs were isolated from both sources in which event a number of human cases were encountered along the milk route.

In 1939, 60 per cent of the cattle herds in Missouri were found infected with *Brucellosis*. In Iowa 58 per cent were infected, in Kansas 58 per cent, New York 53 per cent and California 48 per cent. The average number of reactors in Iowa herds was 15.4 per cent.

That *Brucella*, like *B. tularensis*, can enter the unbroken skin is apparent from the above experiments. This experimental data seems to be consistent with serologic, clinical and epidemiologic evidence obtained from farmers, veterinarians, packing house workers, and other handlers of infected animals or from examinations of the animals themselves.

Where *B. suis* is isolated from the blood stream of the patient, a history of abortion in the hog herd is rarely obtained. On further investigation it is sometimes found that a fair share of the litters were born dead or die within a few days to weeks after birth. Sterility in sows is a common finding but this does not constitute absolute evidence of *Brucellosis*. If *Brucellosis* is present, blood testing of the hog herd invariably shows the presence of infected sows. These findings are in close agreement with those reported by McNutt.<sup>4</sup> "Although abortion is one of the symptoms of *B. suis* infection in swine, it does not occur in the larger proportion of cases, and *B. suis* is not the cause of the majority of abortions occurring in these animals. When sows are infected there are a large number of dead pigs in the litter." A lack of signs, symptoms and

TABLE II  
Brucella Isolated in Iowa  
Sept. 1927 to Nov. 7, 1944

Source	<i>B. suis</i>	<i>B. abortus</i>	<i>B. melitensis</i>	Un-classified	Total
Blood culture	188	71	15	2	276
Urine	3	0	0	0	3
Feces	1	0	0	0	1
Heart Valve	1	0	0	0	1
Osteomyelitis	3	0	0	0	3
Spondylitis	0	1	0	0	1
Cervical Adenitis	1	0	0	0	1
Spinal Fluid	2	0	0	0	2
Pleural Fluid	1	0	0	0	1
Ovarian Cyst	1	0	0	0	1
Calf Fetus	0	1	0	0	1
Hog Joint	1	0	0	0	1
Milk and Cream	5*	67	0	0	72

Total 207 140 15 2 364

\* From inadequately pasteurized milk.

TABLE I

Brucellosis in Five Mid-West States 1905-1943 and Summary For Entire United States as Reported From State Departments of Health.

	1905-1924	1925-1929	1930-1934	1935-1939	1940-1943*	Total
Iowa	0	373	609	674	1,355	3,011
Illinois	0	72	454	782	942	2,250
Minnesota	0	61	370	456	891	1,778
Kansas	0	97	427	514	557	1,595
Wisconsin	0	46	403	470	580	1,499
Total	0	649	2,263	2,896	4,325	10,133
United States	128	2,249	8,227	14,618	13,648	38,870

\* 4-Year period.

lesions in hogs is not an unusual finding, although this is difficult to explain. McNutt and Leith<sup>5</sup> have noted similar findings. "The lack of symptoms and lesions in *Brucella* infected swine is not so well understood. Perhaps this point should be emphasized, for very often infected herds show very little or nothing clinically to indicate infection. It has been repeatedly reported that *B. suis* has been isolated from the blood stream of swine that fail to show positive agglutination tests for long periods of time. Thus one can obtain a negative test on a dangerous animal that has recently become infected." Similar findings have been noted in cattle and man. Repeated blood testing of the hog herds is indicated under such conditions as a means of eliminating the infection.

For the most part Brucellosis due to *B. abortus* and traced to raw milk is of a sporadic nature, rarely does more than one member of a family develop the disease. In institutions having infected dairy herds, large numbers of clinical cases rarely occur and subclinical cases are not unusual. On the contrary, where dairy herds become infected with *B. suis*, cases in epidemic proportions are encountered. Beattie and Rice<sup>6</sup> in 1934 reported 30 cases of *B. suis* infections in Iowa having their origin in a raw milk dairy. In this outbreak there were four recognized cases in one family, three in another and two each in three families. Horning<sup>7</sup> in 1935 reported a raw milk outbreak due to *B. suis* in Connecticut, 14 cases were recognized in an institution with 3 deaths. Borts, Harris, Joynt, Jennings and Jordan<sup>8</sup> reported 77 cases of *B. suis* infections traced to a raw milk dairy. Multiple cases occurred in 15 of 51 families involved. In one instance, all six members of a family were actively infected, whereas, in another, 6 of 12 members suffered from acute Brucellosis. In January 1943 a third outbreak of *B. suis* infection due to raw milk was encountered in Iowa.<sup>9</sup> In this outbreak three subclinical cases were found in school children. These children had not missed a day of schooling. *B. suis* was isolated from their blood cultures and high agglutination titers were obtained. Aside from an apparent anemia and a little lassitude these children were otherwise normal. It is a well established fact that children for the most part tolerate Brucellosis much better than do adults. In each of these outbreaks *B. suis* was isolated in our laboratory from the blood stream of patients and milk from the dairy cows. The hog herds were found to be infected, the cows apparently contracting the infection from their close contact with the hogs in the barn lot. This practice is discouraged.

The method of the spread of Brucellosis in animals is a controversial subject. Contrary to the in-

formation in the literature, the speaker has seen two Brucellosis free herds ruined by the introduction of a bull into the herd with an enlarged testicle or "orchitis". It is felt in such cases that infection occurs in the breeding process via the infected semen.

Brucellosis in Iowa is primarily one involving the male population between the ages of fifteen and fifty, and contact with infected animals seems to be the origin of most cases. Over a period of years the ratio is 3 males to 1 female. This is exemplified by a report of 417 cases prepared by Jordan.<sup>10</sup> "For all ages the percentage incidence among males was 74.3 as compared with 25.7 among females. Considering the patients in rural areas, 76 per cent were male farm workers, 22 per cent farm wives and children. Among urban groups 52 per cent of the patients were packing house workers. The attack rate in the group of packing house employees is estimated at 42.7 per 10,000 compared with 25.0 per 10,000 among veterinarians and 3.8 per 1,000 in male farm workers. Among 57 housewives, merchant-professional people and children in urban areas 48 or 84 per cent gave no history of contact with cows or hogs; 45 or 94 per cent of the latter were users of raw milk."

In a previous report 1936-41 Jordan shows the relationship of direct contact with infected animals, the use of raw milk and the morbidity rate in relation to occupation. See Table III.

From the information thus presented and that which follows, it is apparent that occupation, particularly the packing industry, offers definite hazards to its employees in so far as Brucellosis is concerned. The packing industry, however, is reluctant to consider this disease as occupational and it is difficult to secure adequate and accurate clinical, epidemiologic and serologic data relative to this disease from such sources. That Brucellosis is an occupational hazard is not denied by those who are fully informed and are willing to admit facts and potentialities as they exist. Levine,<sup>11</sup> reports that of 24 cases of Brucellosis in Cook County Hospital, Chicago, in 1943, 23 were engaged in a hazardous

TABLE III

Information Regarding Direct Contact with Animals, the Use of Raw Dairy Products and Morbidity Rates in Relation to Occupation.

By DR. C. F. JORDAN

Occupation—Area	Per cent Stock Contact	Per cent Raw Milk	Cases 1936- 1941	Pop. in Groups	Annual Rate per 100 M
Children, Rural	60	85	47	1,454,037	0.5
Farmers, female, Rural	40	100	81	1,454,037	0.9
Farmers, male, Rural	100	100	320	411,776	17.1
Children and Teen Age, Urban	23	77	26	1,084,231	0.4
Housewives, Urban	3	92	36	1,084,231	0.6
Merchants and Professional, Urban	25	84	154	1,621,500	1.6
Packing House Workers, Urban	98	20	118	15,000	131.1
Total			782	2,538,263	5.1

occupation, 17 of these were packing house workers. Nine of the seventeen workers ate precooked meat products and emphasized this as a new approach in the epidemiology of Brucellosis. To those who have made epidemiologic investigations in packing plants, it is common knowledge that many workers taste of the precooked meats. Such an avenue of infection cannot be ignored as a potential source of some of the infections. In view of the animal experimental data cited by Hardy and his associates<sup>3</sup> and the incidence among farmers who do not eat precooked meat, we feel that the skin plays the most important role in infection in such workers.

McNutt<sup>12</sup> reported that of 1,547 hogs received in one packing plant, 3 per cent reacted in 1:25 dilution to the blood agglutination test, whereas, 2.3 per cent reacted in 1:50 dilution or higher. He succeeded in isolating *B. suis* from the organs of 34 or 41 per cent of these reacting animals. From January 1943 to November 3, 1944, 62 strains of *Brucella* were isolated in the Iowa State Hygienic Laboratory from the blood of 52 patients employed in packing plants, 39 of which were *B. suis*, seven *B. melitensis*, five *B. abortus* and one remains unclassified. Many of the blood specimens which were found to be negative were not taken early in the disease or at the height of the temperature, both of which are important from the isolation standpoint. In the taking of bi-daily blood cultures in a local hospital, it is not unusual to find a culture taken at 9 a.m. when the fever is down to be negative, whereas *Brucella* were isolated when the culture was taken the latter part of the same day, at the height of the fever. The isolation of but five strains of *B. abortus* from these workers again suggests the low incidence of such infections as compared to those of *B. suis* and *melitensis* under hazardous conditions. In comprising clinical data in cases with a positive blood culture together with the epidemiologic data, it is apparent that *B. melitensis* and *B. suis* are more invasive and virulent than are the majority of bovine strains.

Aside from a Mexican who became ill shortly after arriving in the United States, *B. melitensis* infections were not reported in Iowa until 1943 when packing plant employees were found infected with this species of *Brucella*. In two instances, the employees were normally working in the pork department. Due to an unusual heavy run of sheep these workers were transferred to the sheep department for but one day each to help clean up. The infection may have occurred there although other evidence points to hogs as the source. This again emphasizes the importance of the contact infection problem.

Since July 1, 1944, *B. melitensis* has been isolated from the blood cultures of five farmers and

a worker in a packing plant suffering from Brucellosis. In two instances hogs appear to be the source of infection.

To those of you who are not familiar with the symptoms of Brucellosis, I quote "According to 1,011 case reports completed by Iowa physicians and reported to the States Department of Health, the ten chief complaints in order of frequency of mention are: Fever, chills, sweating, weakness, malaise, headache, muscular or joint pains, backache, anorexia and loss of weight." These symptoms are frequently so mild that the case is diagnosed as influenza until such time as the patient doesn't get over his influenza and the true nature of the disease is revealed. On the other hand we occasionally see cases of the utmost severity, terminating fatally in about 2 per cent of the cases. In between these two extremes lie the majority of the cases.

In the average case the patient usually awakens in the morning feeling quite well and may go about his usual duties. Along toward mid-morning or noon he feels weak, feverish, all tired out and is forced to return home. In the late afternoon or early evening headache, chills and sweating are not uncommon. When his family physician is consulted, the physical findings are usually negative save for the high fever 104-105°F. The average duration of the disease is three to four months. Complications are not unusual and chronicity is common where the patient remains ambulatory or is allowed up too soon. We feel that early diagnosis, absolute bed rest, good nursing care, the forcing of fluids, keeping the bowels open and symptomatic treatment are essential. All patients suffering from acute Brucellosis should be kept in bed until the temperature has been normal for a minimum of ten to fourteen days. Complications and recurrences are frequent where the patient is allowed up too soon. There is no satisfactory specific treatment for the disease in man to date. The gallbladder is frequently the focus of chronic Brucellosis.

In our experience it is difficult, except under hospital conditions, to get the cooperation of all concerned in the complete laboratory study of *Brucella* patients, that is, repeated blood cultures and agglutination tests. Sixteen years of experience and interest in the *Brucella* field demonstrate that the blood culture is first in importance in making a diagnosis, followed by the agglutination, skin and opsonic tests respectively. The isolation of *Brucella* from the blood stream of the patient leaves no question as to the existence of Brucellosis. All other tests when positive, particularly the skin test, must be interpreted with caution as a positive test does not necessarily mean the presence of an active

infection. On the other hand negative laboratory tests do not exclude the presence of this disease.

Organisms of the *Brucella* group are slow growing. They require a special medium for their isolation and prolonged incubation under reduced oxygen tension depending on the species involved.

In our experience blood cultures taken early in the course of the disease and at the height of the fever are positive in the great majority of cases, whereas, cultures taken late and during the chronic stages are not frequently positive. In chronic cases positive cultures are more likely to be obtained during an exacerbation and at the height of the fever.

The blood culture medium used is Tryptose Broth. Twenty grams of Bacto tryptose and five grams of sodium chloride are dissolved in 1,000 cc. of distilled H<sub>2</sub>O. One-half cc. of 1 per cent solution of paraminobenzoic acid is added, the medium adjusted to pH 7.2 and then filtered through coarse filter paper. 80 cc. of the medium is transferred to four ounce oil sample bottles, a rubber stopper placed in the mouth loosely with the apron up and autoclaved at fifteen pounds pressure for twenty minutes. While hot the aprons of the rubber stoppers are secured so that in the cooling process a partial vacuum is created. The final pH is 6.6 to 6.8. Three to five cc. of blood is drawn from the patient under aseptic conditions and is injected thru the sterilized rubber stopper into the bottle, which is then incubated three to five days before sending to the laboratory. Tryptose broth is far superior to liver infusion broth in that growth appears earlier in a higher percent of specimens and sustains growth for a longer period.

Upon arrival at the laboratory the blood culture is incubated for another twenty-four hours following which the rubber stopper is replaced by a sterile cotton plug and is thereafter incubated under 10 per cent CO<sub>2</sub>. One-half cc. of the thoroughly mixed culture is removed with a sterile capillary pipette and transferred to a tryptose agar slant. The transfer is incubated under 10 per cent CO<sub>2</sub> for 72 hours and is then examined for evidence of growth.

If growth is noted, a Gram stain is made and the staining reactions and morphology noted. Two fresh slants are inoculated, one being incubated under 10 per cent CO<sub>2</sub> and the other under ordinary atmospheric conditions at 37½°C. and the amount of growth compared daily for 72 hours. A liver infusion agar slant is inoculated and a sterile strip of blotting paper, previously treated with 10 per cent lead acetate solution, is placed into the tube so that it does not touch the medium, but extends suspended down over about an inch of the inoculated medium surface. This slant is incubated under 10 per cent CO<sub>2</sub> for 24 hours and the degree

of H<sub>2</sub>S recorded. A fresh lead acetate paper strip is replaced daily for a total of four days. The growth on the original or subsequent slant is tested for its agglutinability against known anti-Brucellosis serum. A loopful of a concentrated saline suspension of the organism is inoculated onto two dye slants, one tryptose agar slant pH 6.6 containing basic fuchsin in 1:25,000 dilution and another containing thionin of the same dilution, incubated 72 hours under 10 per cent CO<sub>2</sub> and the growth noted. The dye concentration required will vary with different lots of dye.

Blood cultures are subcultured biweekly for 21 days before being discarded as negative. Growth is frequently noted on the first subculture but cultures containing *B. abortus* are rarely positive that early.

*B. abortus* usually requires 10 per cent CO<sub>2</sub> for growth and produces abundant H<sub>2</sub>S for two days, then declines. It grows on the basic fuchsin slants and is inhibited on thionin. The amount of growth of *B. abortus* is less than that of *B. suis* and *B. melitensis*.

*B. suis* does not require 10 per cent CO<sub>2</sub> for growth, it produces H<sub>2</sub>S for four successive days in large amounts and then declines. It grows on thionin slants and is inhibited on basic fuchsin.

*B. melitensis* does not require 10 per cent CO<sub>2</sub> for growth. Most Iowa strains grow better on tryptose agar under ordinary atmosphere than under CO<sub>2</sub>. This species does not produce H<sub>2</sub>S or but a very scant amount, and grows equally well on the slants containing basic fuchsin and thionin.

All strains are identical morphologically and in their Gram stain. They cross agglutinate with monovalent *suis*, *abortus* and *melitensis* serums.

By agglutination absorption tests on the patient's serum, infections due to *B. melitensis* can sometimes be differentiated from *B. suis* and *abortus* as a group. On the other hand *B. abortus* and *B. suis* infections cannot be differentiated by these means, the isolation of the organism from the blood stream and subsequent typing by the dye method is the only positive method.

A positive agglutination reaction does not necessarily mean active infection. A weakly positive agglutination test may indicate an active infection, may represent a chronic infection acquired in the past or may be purely anamnestic in nature.

In acute Brucellosis the agglutination test is usually positive at the time the patient consults his physician. On repetition, the agglutination reaction usually shows a progressive rise from 1/80 to 1/1280 or higher. This progressive rise is highly significant of active infection, when obtained. In some instances this test may be negative for several

weeks before becoming positive. In suspected cases tests repeated at weekly intervals are highly desirable until the diagnosis has been established or refuted.

In general, a titer of 1/80 or higher in the presence of clinical manifestations is sufficient to substantiate a clinical diagnosis of Brucellosis. Occasionally negative titers or no higher than 1/20 or 1/40 may be repeatedly encountered in the same patient in the presence of a positive blood culture. On rare occasions the agglutination test may be repeatedly negative throughout the illness and convalescence. The agglutination titer usually drops to negative following complete recovery.

It is not unusual for a person who has had Brucellosis in the past to have Brucella agglutinins restimulated by another febrile disease such as a pneumonia or typhoid fever. Such non-specific reactions are called "anamnesic" or "memory" reactions. By way of example in clinical typhoid fever, Brucella agglutinins so stimulated appear early and rarely go beyond 1/80 or 1/160, whereas, the typhoid agglutinins soon develop in progressively higher titers, as high as 1/640 and 1/1280. In such instances the Brucella titer usually recedes promptly. Typhoid bacilli isolated from the blood or clot culture clears up the true diagnosis. In an attack of pneumococcic pneumonia the Brucella titer may be restimulated to 1/80 or 1/160 and sharply drop with the cessation of the fever. These anamnestic reactions are frequently a source of confusion and error in diagnosis.

Verified cases of Brucellosis may pass into the chronic stage at which time the blood cultures are rarely positive and the agglutination tests are either negative or weak in character, such as 1:10, 1:20, 1:40, or 1:80.

The agglutination tests must be completed and recorded before skin tests are performed in that the agglutinin titer may be stimulated in sensitized persons.

A positive skin test should be interpreted like the tuberculin reaction. It represents a state of allergy which may be evidence of an attack years before or may indicate present infection.

A positive skin test is represented by a variable sized area of erythema with edema. The test should be read in 24 and 48 hours. Delayed reactions are encountered on rare occasions and may not appear until 48 or 72 hours have elapsed. The purified nucleo protein, Brucellergin, is preferred to the vaccine for skin test purposes.

It has been shown that as high as ten per cent of persons having Brucellosis as verified by a positive blood culture have a negative skin reaction.

Ten to thirty per cent of a normal population in varying localities on routine testing will show positive skin allergy. As high as 60 per cent of veterinarians and 55 per cent of packing house workers have been found to have positive skin tests on routine examination. Thus a positive skin test in the absence of a positive blood culture or a high agglutination reaction must be interpreted with great caution.

About 1 per cent of people who have had or have Brucellosis are hypersensitive to Brucella protein. They secure severe local skin reactions at the site of inoculation, accompanied by constitutional symptoms of Brucellosis such as chills, fever and sweating, muscle pains, etc. These symptoms subside in 24 to 36 hours. Sterile abscesses at the site of inoculation are not unusual in such cases.

The opsonic reaction is the least consistent of all Brucella tests. The test must be done on citrated blood, preferably within one hour after its collection. The test is a highly technical one and should be carried out by a skilled, experienced worker. There is some question as to whether the value of this test warrants the time and trouble required to perform the same.

Castenada, Tovar and Velez<sup>13</sup> in Mexico have shown the relative importance of the various laboratory tests in the diagnosis of 200 cases of Brucellosis under hospitalization. Eighty-four per cent of the patients had positive blood cultures as compared with 93 per cent positive agglutination tests and 80 per cent and 60 per cent respectively from the allergic and opsonic tests. About 10 per cent of the cases gave negative serologic and allergic tests while Brucella were isolated from the blood. The importance of collecting the blood cultures early in the disease is stressed. Of 150 Brucella strains isolated 143 were *B. melitensis*, 5 *B. abortus* and 2 *B. suis*. Epidemiologically it was shown that raw goat's milk was the main source of infection in their cases.

It has been conservatively estimated that millions of dollars are lost annually due to Brucellosis in animals. Lee and Jones<sup>14</sup> estimate that the loss of time, costs of medical attention and laboratory services amount to \$325.00 for each human case.

Attempts to control Brucellosis offer definite problems. The pasteurization of all dairy products and the thorough cooking of meats are effective measures against these products being a source of infection. Up to the present time there is no feasible method to protect the skin of man against this disease, other than to wear rubber gloves. This not being practicable, the only other recourse is to control the disease and its source, that is, in cattle, hogs, goats, sheep, horses, dogs, chickens, etc. The fact that *B. suis* may remain viable in moist soil for

several months adds to the complexity of the problems on farms.

The vaccination of young heifer calves with viable nonvirulent strains of *Brucella* seems to be an effective measure in producing immunity in cattle.

Attempts to control Brucellosis in cattle and hogs by the blood agglutination test has been only fairly successful. The chief difficulty with the blood testing program and the removal of reactors has been, that highly infectious animals in the incubating stage of the disease are sometimes left in the herds whose blood titers are either negative, 1:10 or 1:20. Tests of these animals at a later date may show them to be reactors in high titer, indicating that at the first test the animals were in the early stages of the disease. It has been further observed that cattle and hogs may remain chronically infected and a source of infection with the blood agglutination titers negative or below that considered as suspicious or positive. A comparable situation is seen in man, the blood cultures frequently being positive many days to weeks before agglutinins are established in the blood in diagnostic titer.

Heretofore, attention has been directed chiefly to the use of raw dairy products as the main source of infection. I wish to commend the effective results obtained in decreasing the incidence of Brucellosis by the pasteurization of dairy products. Without minimizing the importance of this, pasteurization alone will not solve the problem of human infection.

Throughout the nation, the federal programs are

directed to the elimination of infection in cattle herds but no concentrated effort is being made to date to control infection in hogs, which to us is of even greater importance in the hog raising states of the midwest. Not until we completely control Brucellosis infection in hogs, goats, sheep and cattle will we be able to effectively prevent the transfer of this infection to man. Pasteurization of milk and the attempt to control the disease in cattle is just the beginning.

#### BIBLIOGRAPHY

1. States, R. O. Undulant Fever (Mimic Disease) Illinois M.J. 60:232, Aug. '31.
2. Hardy, A. V., Jordan, C. F. Borts, I. H. and Hardy, G. C. National Institute of Health Bulletin, No. 158 Undulant Fever, With Special Reference to a Study of Brucella Infection in Iowa. U. S. Treasury Department, United States Public Health Service, Washington, D. C. Dec. 1930.
3. Hardy, A. V., Hudson, M. G., and Jordan, C. F. The Skin as a Portal of Entry in *Br. Melitensis* Infections. Jr. Inf. Dis. 45: 271-282, 1929.
4. McNutt, S. H. Brucella Infection in Swine. 42nd Ann. Meet. of Live Stock Sanit. Assoc. p. 90-97, 1938, 1939.
5. McNutt, S. H. and Leith. Swine Brucellosis. M.S.C. Veterinarian, Fall Number 1943.
6. Beattie, C. P., and Rice, Raymond M. Undulant Fever Due to Brucella of the Porcine Type. J.A.M.A. 102: 1670-1674, May 19, 1934.
7. Horning, Benjamin G., Outbreaks of Undulant Fever Due to Brucella Suis. J.A.M.A. 105: 1978-1979, Dec. 14, 1935.
8. Borts, I. H., Harris, D. M., Joyn, M. F., Jennings, J. R., and Jordan, C. F. A Milk Borne Epidemic of Brucellosis, Caused by the Porcine Type of Brucella (*Brucella suis*) In a Raw Milk Supply. J.A.M.A. 121: p. 319-322, Jan. 30, 1943.
9. Not reported in literature to date.
10. Jordan, C. F., Director, Division of Communicable Diseases. Iowa State Department of Health, July 1942 to June 1943. Report to the State Board of Health.
11. Levine, M. G. Brucellosis in Packing House Workers. Jr. Ind. Hyg and Tox. 25: 451, Dec. 1943.
12. McNutt, S. H. Iowa State College, Ames, Iowa, Personal Communication.
13. Castenada, M. Ruiz, Tovar, R., and Velez, R. Studies on Brucellosis in Mexico. Comparative Study of Various Diagnostic Tests and Classifications. J. Inf. Dis. 70:p.97 March-April 1942.
14. Lee, R. L., and Jones, L. W. The Fundamentals of Good Medical Care. Committee on the Costs of Medical Care, Publication Number 22, University of Chicago Press 1933.

In 1911, the death rate in the United States from tuberculosis was 224.6 per 100,000 population. Last year, the death rate from tuberculosis had dropped to 39.3 per 100,000. During that 33-year span, thousands of cases of tuberculosis were discovered by the x-ray in time for curative treatment.—*American College of Radiology*.

Vitamin D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startling high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Parks report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicates the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

**Look to your health; and if you have it, praise God and value it next to a good conscience; for health is the second blessing that we mortals are capable of; a blessing that money cannot buy.—Izaak Walton.**

To perform fuller services in general hospitals, the small and also many of the large, and to provide adequate care to meet the public need through an effective and economic operation, the following services must be considered:

Special facilities for the care of acute communicable diseases, early stages of nervous and mental diseases, and chronic diseases.

Routine x-ray of patients and personnel for traces of pulmonary tuberculosis; rehabilitation programs and other provisions for increased service to convalescents; organized personnel training programs, with larger hospitals possibly training employees for small institutions.

Further development of the hospital as a health and medical center.

More ready availability of hospital facilities in rural areas, solution undetermined.

Extended public health activities and cooperation.

Pursual of better business methods and promotion of Blue Cross, with the correction to a cost basis of governmental payments for the care of indigents.—*American Hospital Association*.

## PRESIDENT'S PAGE

*To The Members of The Kansas Medical Society:*

Your Society has been very busy for the past month negotiating an agreement with the Veterans Administration for the care of veterans who have service-connected disabilities or who are entitled to care as a result thereof by the Veterans Administration. At the present time it becomes our responsibility to organize these details as rapidly as possible. We hope to have the plan in operation some time during the latter part of January.

It will be necessary that the members of the Society give immediate and complete cooperation in carrying out the details that will be required to inaugurate this plan. The following embody the substance of our agreement:

1. The Kansas Medical Society will submit a list of its members who desire to do work for the Veterans Administration in accordance with the schedule of fees (approved by the Veterans Administration) in relation to examinations, office, out-patient care, and hospital care. It is proposed that for a general examination the regular blank, Medical Form 2545, would be filled and completed in accordance with the instructions on said blank.
2. The Kansas Medical Society will furnish to the Veterans Administration a list of the physicians who are competent to do such work in their respective fields. On the basis of these lists which will be submitted to the Manager, Wichita, Kansas Veteran Center and which will be augmented from time to time, members of the Society will be appointed as fee-designated Veterans Administration physicians.
3. The Kansas Medical Society proposes to zone the State in order that the nearest qualified physician will be called upon to render the medical service.
4. The Veterans Administration will establish an office adjacent to the office of the Kansas Medical Society in Topeka, Kansas, which office will be staffed with a full-time or part-time Veterans Administration physician and adequate clerical personnel to handle the administrative work. It will be the function of the Veterans Administration physician to authorize out-patient examinations and treatments (in-patient and out-patient) and to arrange for the necessary transportation of the veteran. The Veterans Administration physician will review reports of examinations and reports of treatments rendered to determine their adequacy and will return those deemed inadequate to a board of physicians appointed by the Kansas Medical Society for indicated action. No fees will be paid for examinations or reports which are not acceptable to the Veterans Administration. It shall be the duty of the board appointed by the Kansas Medical Society to recommend the disqualification of any physician from further work with the Veterans Administration whose work is incomplete or unsatisfactory at the discretion of the board.
5. The Kansas Medical Society does not propose to make any charge for any service rendered to the Veterans Administration in connection with the supervision of work performed by its members. It is the purpose of the Kansas Medical Society in collaboration with the Veterans Administration to render the best possible medical service to veterans in the State of Kansas.

We are now endeavoring to make agreements with hospitals which can meet certain specifications to take care of these patients. We are the first state to inaugurate this plan and it is our purpose, in collaboration with the Veterans Administration, to render the best possible medical service to the veteran in his community and with the hospital of his choice. The schedule of fees has been concluded and a copy of it will be sent to you in the near future. This has been no little task. We have endeavored to arrive at a schedule of fees which will be just and equitable to both the doctors and to the Veterans Administration and which we hope will meet with your approval.

Every member of the Kansas Medical Society should feel he is an integral part of this plan and that its success is dependent upon his wholehearted support of this venture. We will need complete cooperation in all details and, when you receive a request for a little of your time, we hope that you will give it to us immediately.

I wish to express my sincere appreciation of your interest and cooperation.

A handwritten signature in dark ink, appearing to read "W. H. Allen, M.D.", written in a cursive style.

President

## EDITORIALS

### Streptomycin

Streptomycin is a new antibiotic produced by one of the filamentous bacteria, *Streptomyces griseus*. Dr. Selman A. Waksman of the Rutgers University Department of Microbiology isolated more than 1,000 strains of actomyces in his preliminary searching for a non-toxic antibiotic capable of inhibiting or destroying gram negative bacteria and succeeded in isolating the *Streptomyces griseus* both from the soil and the throat of a chicken.

Penicillin is effective against the gram positive bacteria. The new drug may be just as effective in the treatment of infections caused by gram negative bacilli such as typhoid, tularemia, salmonella, tuberculosis, cholera and the dysenteries. The Army reports successful employment of the drug for urinary tract infections in soldiers with severed spinal cords. Whooping cough, undulant fever and *Proteus vulgaris* organisms are susceptible to streptomycin. It has little effect on fungi and spore forming anaerobes and is not active against viruses. Many of the gram positive organisms are sensitive to this new drug. Experiments with streptomycin in guinea pigs infected with human tubercle bacilli have been encouraging, but results in treatment of human cases are not yet reported.

While this new antibiotic is well tolerated, a few toxic reactions have been observed, a throbbing headache and flushing of the skin due to a histamine-like factor in impure preparations and a reversible fatty infiltration of the liver. The latter has been noted in experimental animals only.

Nothing like the phenomenal production of penicillin is expected, but several companies are working at experimental production in pilot plants. The four companies now making the drug have produced only 14 ounces a month. The total output for September was estimated at 70 ounces. Military needs alone are estimated at about 2,000 ounces per month. The small quantity released for civilian use has been restricted to experimental clinical work.—

*Don C. Wakeman, M.D., Topeka, Kansas.*

### Postgraduate Education

The program for assisting medical officers in obtaining graduate education before resuming civilian practice is now a reality. Dr. W. P. Callahan, president, has announced the committee that will review and pass on all applications. This committee is composed of five members, Dr. Harold H. Jones, Winfield, chairman, and Dr. W. P. Callahan, representing doctors who remained in civilian practice dur-

ing the war. The other three are Dr. J. Allen Howell, Wellington; Dr. Harold W. Palmer, Wichita; and Dr. John M. Porter, Concordia, representing officers who have served with the armed forces and who have now returned to civilian practice.

All Kansas doctors who have served with the armed forces during this war are invited to participate in this program if they plan to take any form of graduate courses. For complete information on the subject, kindly write Dr. Harold H. Jones, Winfield. Funds may be received whether the selected course is approved by specialty boards or not, and regardless of assistance under the G. I. Bill of Rights. There is no restriction regarding the length of courses selected, the school, or whether education consists of formal lectures, residencies, or clinical instruction. This is a gesture of appreciation by the Kansas Medical Society and represents a donation which all members in the service are invited to receive.

For those who do not wish extended formal schooling, there will be available in the state assistantships by qualified specialists in the various fields. Applications either to the postgraduate committee or to the specialists direct will enable returning medical officers to receive practical training. This type of service will be offered by most of the specialists in Kansas and may be arranged for individually.

Dr. E. H. Hashinger, dean of the graduate school of medicine at Kansas University, is also assisting in this program and surveying the state in an effort to get hospitals to increase the internships and residencies that are now available. Further inquiries will be welcomed. They may be directed either to Dr. Hashinger of the University of Kansas Hospitals, Kansas City, or to the executive office, where they will be forwarded.

Checks are still coming in for this fund. Since publication of the map in the October issue of the Journal, donations have been received from Wellington, Topeka, and Atchison. The doctors of Atchison are hereby especially commended for their par-

87th Annual Session  
Kansas Medical Society  
April 22-25, 1946  
Wichita, Kansas

icipation in this state-wide project. Two thousand dollars has been received from Atchison county, which represents an average donation of \$181.82 for each member in the Society. This is a higher average than has so far been received from any other society in the state.

### Medical Education and Twin Beds

Most laymen and many medical men undoubtedly feel a bit puzzled and bewildered at the statements recently made in the press concerning the obsolete character of the so-called divided medical school. For some unaccountable reason it seems that medical departments cannot use twin beds and still retain unity and efficiency in teaching and research. On the other hand, all over this country, in every university of the land, courses in extension study are going forward and doing excellent work. University credit is being granted for these courses ungrudgingly and without question. University extension classes are also being constantly established at considerable distances from the central campus where university instructors are in attendance and the actual campus extended to these places even though there is a physical separation of hundreds of miles between the two places.

Can it be, therefore, that there is something peculiar about the medical sciences that makes similar separation impossible? Who has set the fashion for this unique behavior in medical education? Why cannot the University of Kansas and the University of Missouri have efficient medical schools if they should choose to separate the clinical and pre-clinical divisions so that they would not actually be on the same campus? Has it been demonstrated that physical separation of departments actually makes efficient medical education impossible? Or is it simply a practice has grown up following an initial idea or suggestion adopted some time in the past and now perpetuated unthinkingly by habit and practice? It would seem that medical education is not different from other kinds of education, and if the campus can be extended under one set of conditions it should be capable of extension under others. It is high time that we get rid of this bogey in medical education and fall in line with other educational practice.

If medical education must have a unified campus in order to function properly, it should follow, also, that its faculty and staff of instructors had similar unity of training. In other words, only medical men should be capable of teaching medical students. And yet, there is not a single medical man in the Department of Anatomy in the University of Kansas Medical School, and the dean has recently appointed a new head of that department who is not a medi-

cal man. Of all pre-clinical departments, the Department of Anatomy is the most purely medical. Again, at the University of Kansas, the head of the Department of Physiology is not a medical man, and yet he devotes his entire time to teaching medical students and is secretary of the medical faculty. One might well ask how it is that these "pure" scientists can be separated from their "pure" science departments and still be efficient medical teachers. There is general agreement among educators that such men can and are efficient medical teachers. Only in this case the "separation bogey" has not been applied. There never has been any real reason why the University of Kansas or the University of Missouri cannot have either a divided or a unified medical school so far as efficient teaching by its various departments is concerned. The central fact is not physical separation of the component departments. It is, rather, their professional and scientific integration that matters and nothing else.

### Journalism and Medicine

The Journal has frequently reprinted comments regarding medicine which appeared in the lay press of Kansas. Organized medicine has only recently shown an interest in public relations, and even yet experiments hesitatingly on special occasions. In general, these attempts have been successful. Where they have been tried, newspapers have accepted the material gratefully and have often written comments of their own.

Believing that the medical profession has much to gain if it will cooperate with newspapers, and believing that the following article by Thomas Cook Brown of the Buffalo Courier-Express represents the view of most editors, and believing that the article is worthy of your consideration, we are presenting it here as it appeared in the Ohio State Medical Journal. Incidentally, Mr. Brown presents a new idea on socialized medicine and a challenge that might be considered by the medical profession in Kansas. His title is "Shall the Doctor Tell His Story?"

"Way back in the days when the first newspapermen were drawing mastodons on the walls of caves and the first medical men were saying 'now cough' to the young warriors, our two professions ought to have tried to understand each other. Maybe they tried. If so, they didn't succeed.

"In times within the memory of most of us, the medical profession and the press still were far from mutual understanding. To illustrate: Not many years ago, physicians thought of a newspaperman as a peculiarly noxious individual who barged into places where he wasn't wanted, took voluminous notes on things he wasn't supposed to hear—and

then transcribed his notes all wrong. To make himself even more insufferable, he puffed cigarette smoke in your face, jested loudly over medical terms and called you 'Doc'.

"This, of course, was an absurd and outrageous caricature of the real newspaperman; but it passed for a picture in many physicians' minds—now, didn't it? You needn't indulge in polite protests. Many a newspaperman had the doctors wrong, too—not his own physician (a good fellow and an exception) but medical men *en masse*. He thought of medical society meetings as frigid and funereal gatherings from which reporters were excluded as enemy aliens. After locking the doors and windows and peering under the furniture for spies of the press, the doctors were supposed to sit around, stroking their beards and thinking great thoughts while the more ancient among them turned loose a flow of learning and Latinity. This, too, was an absurd and outrageous caricature. But how was the reporter to know? Those were the days when you didn't let him in.

"Times have changed. The average American physician now recognizes the average newspaperman as a reasonably intelligent practitioner of a profession—a profession not comparable to the physician's own in precision of standards or in rigidity of discipline; but, nevertheless, a profession. True, the newspaper profession can not protect itself from the intrusion of charlatans as the medical profession does. That is part of the price we pay for freedom of the press. But the journalistic quacks make up only a small proportion of the craft—a surprising fact, in view of the constitutional guarantees which permit them to practice without licenses.

"As the doctor has come to know the newspaperman better, he has told the latter at least part of his story; and that part of the doctor's story has been passed on to the world. I have said that the newspaperman, like almost everybody else, thinks rather well of his own medical adviser; but only recently has he come to see the medical *profession* clearly and to see it whole.

"What he has seen impresses the average newspaperman most favorably. There is neither time nor space to tell all the reasons why. Let us take just one example—the hardy perennial, 'socialized medicine'. The dispute over 'socialized medicine' never can be resolved in orderly manner until both sides arrive at a common definition of the term. Thus far, they have reached only half a definition. Both sides mean the same thing when they say 'medicine'. It is on the word 'socialized' that the debaters part company.

"When you think it through, you realize that the medical profession is the only one—except possibly

the clergy—which is *socialized* in the best sense of the word. It is the only nonreligious profession which requires its members to serve without recompense (and often without thanks) their fellowmen in need. If this is not socialization—voluntary self-socialization, but still socialization—of a profession, what is?

"In most of the arguments over 'socialized medicine', however, what really is meant is a state of affairs whereby the patient would be socialized. That is the real danger which physicians and laymen must fight, if the medical profession is to preserve its existing standards of social responsibility—standards so far above those of the profession's political critics that most of the criticism is impudence which can be excused only on the ground of ignorance.

"All this is plain from the small part of the doctor's story which already has been told to the press and retold to the world. Shall the rest of the story be told? That is up to the medical men. Their answer may be that the story has been told and is being told on a thousand fields of battle and at a million beds of pain; that it needs no further crying from the housetops.

"Perhaps that is the right answer; but I don't think it suffices. There is much of a great and gallant story still untold. When the doctors are ready to tell it, the press will be ready to make sure that it is heard."

### Intravenous Amino Acids

Kozoll, Hoffman and Meyer of the Cook County Hospital, Chicago, produced a positive nitrogen balance in 13 of 14 patients with obstructive lesions of the esophagus with intravenous amino acids as the only source of protein nitrogen. The product used was a 15 per cent solution of amino acids derived from milk casein. It also contained one per cent synthetic tryptophane. The solution is available to the medical profession.

In clinical practice the parenterally injected amino acids are combined with blood transfusions, protein as food and a carbohydrate intake of 300 grams or more. Restoration of tissue and serum proteins to normal levels resulted in a more nearly normal water and electrolyte pattern. The investigators wrote that "many patients requiring stomach operations who otherwise might die of starvation before or after an operation may now be kept alive."

### To Resume Health Broadcasts

The Bureau of Health Education of the American Medical Association has announced that network broadcasts of dramatized health programs will be resumed this season for the tenth consecutive year. The series will be entitled "Doctors at Home" and will deal with the story of a typical American doctor returned from military service to civilian practice of medicine.

### Changes in EMIC Program

Several changes in the EMIC program have been made in recent months, Dr. Paul R. Ensign, director of the Division of Maternal and Child Health, Kansas State Board of Health, reported last month. Since some parts of the program were referred to the Children's Bureau for approval, publicity on other changes was withheld until all parts could be presented at the same time.

The changes are divided into three parts: A. Changes brought about by Children's Bureau action; B. Changes brought about by action of the Medical Advisory Committee; C. Changes which have been announced earlier but which have not been clearly understood.

Changes brought about by action of the Children's Bureau are as follows:

1. Any woman whose husband at some time during her pregnancy was in the four lower pay grades of the Armed Forces is eligible for EMIC participation, provided that the husband's promotion or honorable discharge occurred after January 1, 1945. A woman whose husband has been dishonorably discharged is not eligible.

2. Any infant under one year of age is eligible if its father was in the lower four pay grades at some time during the nine months prior to the infant's birth or any time prior to the infant's first birthday.

3. The limit of \$25.00 for mileage for the physician on any one case has been removed.

4. The ruling stating that no one "shall pay the physician or hospital in behalf of the patient" has been interpreted to mean also that no insurance company can make payments in behalf of the patient. So in the future EMIC patients cannot use medical or hospital insurance to pay part of the bill and expect the EMIC program to pay the other part.

As a result of action of the Medical Advisory Committee, three changes have been made:

1. The fee for administration of anesthetic for major surgery has been changed from \$7.50 to \$10.00; the fee for assistance in surgery has likewise been changed from \$7.50 to \$10.00.

2. After January 1, 1946, approval for participation in the EMIC program will be withdrawn from all hospitals which do not have a registered nurse responsible for care of maternity patients.

3. Inasmuch as the EMIC program was accepted by the physicians of Kansas for the duration of the war and six months after; and, inasmuch as the physicians accepted the program in good faith as their patriotic duty, the Advisory Committee has passed a resolution recommending that no more new cases be authorized after March 2, 1946, which is six months following September 2, 1945, the date the President proclaimed to be the official V-J day.

The changes which were not clearly understood when they were announced earlier include the following four:

1. Payment for home and hospital visits may be made to the attending physician for medical and surgical services (provided the attending physician qualifies as a surgical consultant) for a condition which is not attributable to pregnancy. The payment is \$2.00 for a hospital visit and \$3.00 for a home visit for medical calls and the regular fees for surgery. In order to obtain authorization for these services for conditions not attributable to pregnancy, the physician should fill out and return to the EMIC office the form he receives with the authorization notice, which

is headed, "Request for Extension of Care or Additional Services".

2. Payment for X-ray cannot be made to the attending physician except on the regular office visit rate, which is \$2.00. The \$5.00 fee for X-ray can be paid only in case the physician does not have facilities for X-ray in his office or clinic and has to refer the case elsewhere for X-ray. This provision has been insisted upon by the Children's Bureau despite objections raised by the Kansas State Board of Health and its Advisory Committee.

3. Infant care is originally authorized for three weeks, and if the care extends beyond that period an application should be made for additional services. The State Board of Health has no authority to re-authorize a case for more than one month at a time, so in extended cases another application must be made at least once a month.

4. In exceptional cases the State Board of Health is permitted to authorize care of the mother beyond the six-weeks postpartum period, provided that the condition requiring the extension is attributable to pregnancy and provided further that it is inadvisable to remedy the condition during the six-weeks postpartum period and that the application has been made for the extension of services before the six-weeks postpartum period has expired.

### Chicago Clinical Conference

The Chicago Medical Society will hold its annual clinical conference at the Palmer House, Chicago, March 5-8, 1946, according to an announcement made recently by Dr. Warren W. Furey, chairman of the society's publicity committee. An invitation to attend is extended to all physicians, and the program will include specialists from all sections of the country discussing subjects of major interest.

### Clendening Memorial Park

A memorial to the late Dr. Logan Clendening, whose entire professional life was spent in the service of the University of Kansas, his alma mater, is being planned, and a committee consisting of Dr. Ralph H. Major, Dr. Don Carlos Peete, and Dr. Graham Asher has been appointed. The committee has decided to build a memorial park and fountain, and will let contracts for the work in the near future. Doctors who wish to contribute to the fund may send their checks to any member of the committee, at the University of Kansas School of Medicine, Kansas City, Kansas.

### Van Meter Award for Essays

The American Association for the Study of Goiter has announced conditions under which the Van Meter award of \$300 and two honorable mentions will be presented winners of a contest for the best essays concerning original work on problems related to the thyroid gland. Winners will be announced at the annual meeting of the association in Chicago next April or May, providing essays of sufficient merit are presented in competition.

Essays in the competition may cover either clinical or research investigations and should not exceed 3,000 words in length. A typewritten double-spaced copy of each entry should be submitted to the secretary, Dr. T. C. Davison, 207 Doctors Building, Atlanta 3, Georgia, not later than February 20, 1946. The winning essay will be published in the annual proceedings of the association and may also be published in any journal selected by the author.

## MEN IN SERVICE

The Office of the Surgeon General has announced the promotion of Dr. Maurice V. Laing, Kansas City, to the rank of lieutenant colonel.

Major Marlin W. Carlson will receive his discharge in February and will return to his practice in Ellinwood. While in the Army, Dr. Carlson served in North Africa and Italy.

Dr. Gareth S. Ortman, Kansas City, now serving in the Army, has been promoted to the rank of lieutenant colonel.

Lt. Comdr. Donald A. Anderson, Salina physician, is now on terminal leave and expects to reopen his office soon. After spending 22 months in the south Pacific theater, Comdr. Anderson was stationed at the Navy hospital at New Orleans.

The office of the Surgeon General has announced the promotion of Dr. James Russell Nevitt, Moran, to the rank of lieutenant colonel.

Major Raymond Beal, who has been in the Army for the past four years, serving as a flight surgeon while overseas, is now on terminal leave and plans to open an office soon in Fredonia.

Major William Brewer, who practiced medicine and surgery in Hays before entering the service in January 1941, is now on terminal leave.

The Journal has not received as many letters since the end of the war as were received during the hostilities, but some doctors who are still in the service write interestingly of the work they are doing. Typical of these letters is one written November 22 by Capt. Walton C. Woods, who formerly practiced in Manhattan and is now stationed in Okinawa.

"I have been receiving the Journal regularly, and appreciate getting it. I especially enjoy the 'Men in Service' column.

"The 233rd General Hospital, which was activated at Camp Barkely, Texas, in September 1944 and came overseas in December 1944, spent about four months in Oahu. The unit was then sent to Okinawa, arriving last June. It was the only general hospital in the Ryukyus which functioned. First set up in tents, its wards were gradually replaced by quonset huts, the construction of which was accelerated by two typhoons, the last one virtually destroying all remaining tents. Patients are all in quonsets now.

"During the period between August 4, 1945 and November 17, when the 9th General Hospital absorbed the 233rd, over 7,000 patients were admitted, many of whom were prisoners of war repatriated from Japan after its surrender. Many of our older officers and high point men are returning home. They were replaced by men from the 69th General Hospital which was set up in India. I haven't met any doctor from Kansas, yet, on the island."

Brig. Gen. William C. Menninger, director of Neuro-psychiatry Consultants Division, is one of a group of three physicians making a tour of inspection of medical department installations in the Pacific. The trip will include

stops at Honolulu, Guam, Shanghai, Chungking, and Tokyo.

Capt. E. G. Neighbor, Kansas City, has returned from the Pacific theater and is awaiting his discharge. His return to civilian life, however, is delayed by the fact that he contracted malaria in the Pacific and will not be discharged until he is fully recovered.

Major Floyd C. Taggart, who has been serving in Wales, France, and Germany with the 279th Station Hospital for the past two years, has returned to his home in Topeka and will be on terminal leave until February 1. Dr. Taggart, who specializes in anesthesia, will continue his practice in Topeka.

Capt. Leslie L. Saylor, who has been in the Army medical corps for three and a half years, with 40 months' service in the Pacific theater, is now on terminal leave extending to February 21, 1946. Serving with the 71st Station Hospital, Capt. Saylor was first stationed in the Fiji Islands, later at Okinawa, and finally Korea. He plans post-graduate work in surgery before returning to his practice in Topeka.

Lt. Harold F. Spencer, USNR, is now chief of the anesthesia department of a base hospital in the Pacific theater. Before entering the service Dr. Spencer practiced in Garnett.

### Professional Training for Army Doctors

In order to provide qualified doctors for the peace time, Army plans have been formulated to interest Medical Corps officers who are serving for the duration of the war to apply for commission in the Regular Army, Major General Norman T. Kirk, Surgeon General of the Army, announced recently.

Among the attractions which will be offered Medical Corps officers who remain in the Army are the following:

1. The Regular Army Medical Corps officer will be assured a professional career offering broader possibilities in a larger field than the practice of the average civilian doctor affords.

2. The training and the assignments of Army doctors will be arranged to aid the Army doctors in obtaining certification for specialists from the recognized civilian specialty boards.

3. Graduate training will be continued with the establishment of Army fellowships, residencies and special courses.

### Rapid Release of Army Doctors

Army doctors are being released faster than the Army is reducing its total strength, in spite of the large number of battle casualties still remaining in hospitals and the requirement of doctors for separation center work, according to Major General Norman T. Kirk, Surgeon General of the Army, who spoke recently in New York in appreciation of the services rendered by member hospitals of the United Hospital Fund of New York.

"The peculiar situation that we find ourselves in is that demobilization, in which everyone is concerned, cannot proceed without the help of thousands of doctors—2,000 of whom are devoting their medical services solely to separation centers," General Kirk said. "By the first of January more than 14,000 doctors will have been returned to civilian life, which is more than one-third of the total number of doctors comprising the Army Medical Corps at its peak. By June of next year we anticipate releasing all but 11,000 doctors."

## MEMBERS

Three Parsons physicians, Dr. M. C. Ruble, Dr. Charles H. Miller, and Dr. R. W. Urie, recently announced the formation of a medical clinic at 1800 Broadway, Parsons. More doctors will be added to the group as they become available.

Dr. C. M. Newman, Topeka, has been appointed attending physician at the Methodist Home for the Aged, Topeka.

Dr. Joseph W. Hamilton, surgeon, opened an office in Manhattan December 1. A graduate of the Northwestern University Medical School, he served his internship and two and a half years surgical residency in City hospital, Akron, Ohio. During the war he served as a major in the Army medical corps.

Dr. Marshall E. Christmann reopened his office in Pratt November 12 after an absence of three years while he served as a captain in the Army in Colorado, Mississippi, Florida, Georgia and Tennessee.

Dr. Victor H. Hildyard, who recently returned from the Pacific theater of operations, has opened an office in Baldwin. Dr. Hildyard had served three years in the Army medical corps, principally in New Guinea and the Philippines.

Dr. Morgan Molloyhan, who formerly practiced in Arcadia and as an associate of the Smith clinic at Pittsburg, has opened an office in Manhattan. A graduate of the University of Kansas School of Medicine in 1940, Dr. Molloyhan served his internship at Akron City hospital, Akron, Ohio, and had three months special training in pediatric work at Providence hospital, Detroit, before entering the Army.

Dr. Don C. Wakeman, who was recently released from the Army, announces the opening of his office in the Central building, Topeka, for the practice of internal medicine.

Dr. Orville R. Clark, who served as a major in the Army medical corps in the African and European campaigns, has returned to Topeka, where he is associated in practice with Dr. W. M. Mills.

Dr. Virgil E. Brown, who has been serving in the Army in the Pacific, is now on terminal leave and is visiting at his home in Sabetha.

Dr. Ray Leiker has announced that he will resume his practice in Great Bend around the first of the year, when his terminal leave from the Army expires. As a major in the medical corps, Dr. Leiker served overseas for approximately three years.

Dr. G. A. Westfall, Jr., who has been practicing at Halstead, has moved to Stafford and is now associated in practice with Dr. O. L. Longwood.

Dr. William H. Algie, veteran of 30 months service as a lieutenant commander in the Navy, has received his discharge and is resuming his practice in Kansas City. While in the Navy he served in Guadalcanal and New Zealand, returning to the United States more than a year ago to a station at the naval hospital in Brooklyn. From Brooklyn he was assigned to the U.S.S. Solace, a hospital ship.

Dr. Monti L. Belot, Jr., recently released from active duty with the Army, is taking up the general practice of medicine in Lawrence and has also been appointed to the staff of Watkins Memorial hospital. After serving his internship at the University of Kansas hospitals, Dr. Belot was resident physician at Bethany hospital for six months, then became medical director of the North American Aviation plant in Kansas City. When he entered the service in 1942 he was sent to the Alcan highway, then to England as chief of the general medicine section of the 55th General hospital, with which he later went to France.

Dr. Lee E. Rook, who has been in the Army as a flight surgeon, received his discharge last month. His home is in Kansas City.

Dr. L. B. Putnam, Wichita, has opened an office in Mulvane for practice on Monday, Wednesday and Friday evenings.

Dr. Oscar Harvey, head of the Labette county health department, has been transferred to Sioux Falls, S. D., and took over his new duties there December 1.

Dr. James D. Bowen recently reopened his office in the Central building, Topeka, after three and a half years' absence while serving as a captain in the Army medical corps. Dr. Bowen spent 33 months in the Caribbean area.

Dr. A. S. Hawkey, who has been in the Navy for 42 months, has returned to civilian life and has rejoined the Axtell clinic at Newton. While in the Navy Lt. Comdr. Hawkey served 18 months overseas.

Dr. William B. Scimeca, who has been practicing in Caney for the past year, has opened an office in Moline. A graduate of the University of Kansas School of Medicine, Dr. Scimeca served his internship at Medical Center and Margaret Hague Maternity hospitals in Jersey City, N. J.

Dr. Richard S. McKee has returned to private practice in Leavenworth after having spent three years in the Army medical corps.

## PREScribe OR DISPENSE ZEMMER PHARMACEUTICALS

A complete line of laboratory controlled ethical pharmaceuticals. KA 12-45

Chemists to the Medical Profession for 44 years.

THE ZEMMER COMPANY • Oakland Station • Pittsburgh 13, Pa.



## Cook County Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)  
Incorporated not for profit

### ANNOUNCES CONTINUOUS COURSES

**SURGERY**—Two Weeks Intensive Course in Surgical Technique starting January 14, January 28, and every two weeks thereafter. Four Weeks Course in General Surgery starting January 28.

**GYNECOLOGY**—Two Weeks Intensive Course starting February 25. One Week Personal Course in Vaginal Approach to Pelvic Surgery starting February 18.

**OBSTETRICS**—Two Weeks Intensive Course starting February 11.

**ROENTGENOLOGY**—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy available every week.

**MEDICINE**—Two Weeks Intensive Course starting February 18.

**ELECTROCARDIOGRAPHY & HEART DISEASE**—One Month Personal Course starting February 1.

**GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.**

**TEACHING FACULTY**—ATTENDING STAFF OF  
COOK COUNTY HOSPITAL

Address: Registrar, 427 S. Honore Street, Chicago 12, Ill.

# "EUREKA! I THINK THIS IS IT!"

SAID A DOCTOR WHEN SHOWN  
THE SPENCER BREAST SUPPORT



## SPENCER BREAST SUPPORTS

### Hold Heaviest Posed Breasts In Healthful Position

Improve circulation and tone, rendering breasts less likely to inflammation or disease. Encourage squared shoulders, aiding breathing. Release strain on muscles and ligaments of chest, neck, shoulders and back.

Aid Antepartum, Postpartum patients by protecting inner tissues, helping prevent outer skin from breaking; guard against caking and abscessing during postpartum.

Individually designed for each patient.

For a dealer in Spencer Supports, look in telephone book under Spencer corsetiere or write direct to us.

#### SPENCER, INCORPORATED

129 Derby Ave., New Haven 7, Conn.

In Canada: Rack Island, Quebec.

In England: Spencer (Banbury) Ltd., Banbury, Oxon.

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

*May We  
Send You  
Booklet?*

Name ..... M.D.

Street .....

City & State ..... L-12-45

**SPENCER** *INDIVIDUALLY DESIGNED* **SUPPORTS**  
Reg. U.S. Pat. Off.  
For Abdomen, Back and Breasts

## Merry Christmas

We can again say, "Merry Christmas," knowing that for many, it really will be a "Very Merry Christmas."

Fred — Art — Marshall — Joe — and the two Bobs, all join heartily in extending you the Season's Greeting, and may the following year be most happy and prosperous.

# QUINTON-DUFFENS OPTICAL COMPANY

*Independent*

TOPEKA

HUTCHINSON  
KANSAS

SALINA

## KANSAS PHYSICIANS' SERVICE

An increase in the benefits allowed for medical services was voted at the meeting of the Board of Directors of Kansas Physicians' Service at Topeka, November 18. Payment will be made for one hospital visit daily at \$3.00 each, additional visits, if necessary, at \$1.50 each, subject to approval by the Executive Committee. As previously presented, benefits begin on the fourth day of hospitalization and the allowance for the first day remains at \$5.00.

Mr. Holmes Meade and Mr. Martin Trued attended for the first time as directors appointed by the governor. Both gentlemen displayed keen interest in the program of the corporation and a ready grasp of the problems, and contributed largely in discussions and deliberations. It is an asset to have two laymen on the Board of Directors and this particularly in the light of the wise appointments made.

The corporation seal, attractively designed with a sunflower bearing the caduceus, was officially approved.

Announcement was made that over one-half of the physicians engaged in private practice in Kansas have signed Participating Physicians' Agreements. This is reported to be a higher percentage than have been signed up in any previous state before a prepayment plan has actually commenced operation.

Final details and legal requirements preparatory to authorization by the Commissioner of Insurance have been completed under the personal direction of Commissioner

Hobbs, and official approval by the latter merely awaits a few technical procedures.

\* \* \*

Announcement of the prepayment plan to be offered by Kansas Physicians' Service through the Associated Press was high-lighted by President Truman's proposals to Congress for a compulsory sickness insurance plan.

When Kansas Physicians' Service was interviewed by the press as to its reaction, a statement was issued that "the American people will resent and resist anything so un-American as a compulsory sickness insurance program. . . Such insurance originated in Germany in 1883 as a purely political weapon. . . and developed into a powerful political organization which eventually was used by the Nazis as one of their most potent forces.

"This and similar plans in other European countries. . . in every instance resulted in: 1. Deterioration in quality of service, 2. Marked increase in cost of medical care, chiefly because of high administrative costs, which in some cases even exceeded medical costs, 3. Degeneration of the organization into a political mechanism for political purposes, 4. Loss of incentive for high calibre men to enter the medical profession, 5. Poor showing in preventive medicine and public health.

"The program presented to Congress, we believe, is primarily a vote-gathering measure. It would create an enormous administrative organization which would waste billions of dollars forcibly deducted from payrolls and would develop into a monstrous political weapon with fearful potentialities.

"The answer to President Truman is found in the voluntary insurance plans. . . now growing rapidly in most states."

# Support for the "Weak Link"

## Schiffelin BENZESTROL

(2, 4-di (p-hydroxyphenyl)-3-ethyl hexane)

### Schiffelin & Co.

20 COOPER SQUARE, NEW YORK 3, N. Y.  
Pharmaceutical and Research Laboratories

As the "weak link" limits the strength of the entire chain, so it is possible that the continuity of the entire hypophyseal-ovarian cycle may be completely broken by the failure of the estrogenic function of the ovary.

Extensive investigations have shown that when the immediate cause of female disorders of ovarian origin is improper estrogen secretion, good results may be obtained by the administration of Schiffelin BENZESTROL. Schiffelin BENZESTROL is a development of the Research Laboratories of Schiffelin & Co., and is available for oral, parenteral and local administration. It is not derived from the stilbenes. It is estrogenically effective and singularly well tolerated, and is a significant contribution to endocrine therapy.

Schiffelin BENZESTROL Tablets  
0.5, 1.0, 2.0 and 5.0 mg.  
50s-100s-1000s

Schiffelin BENZESTROL Solution  
5.0 mg. per cc. 10 cc vials

Schiffelin BENZESTROL Vaginal Tablets  
0.5 mg. 100s  
Literature and Sample on Request

*The Neurological Hospital, 2625 The Paseo, Kansas City, Missouri. Operated by the Robinson Clinic, for the care and treatment of nervous and mental patients and associated conditions.*

## RADIUM

(including Radium Applicators)

FOR ALL MEDICAL PURPOSES

Est. 1919

Quincy X-Ray & Radium Laboratories

(owned and directed by a Physician-Radiologist)

Harold Swanberg, B.S., M.D., *Director*

W. C. U. Bldg.

Quincy, Illinois

### NET INCOME



Net income is the acid test of success, without it a specialized career may suffer. So, don't let yours be tied up in patient accounts. Send us your slow ones, or ask us for information about our various collection aids. A paid-up patient is a good patient.



### MEDICAL-DENTAL

DIVISION

### ASSOCIATED CREDIT BUREAU

SUITES 3-4, PALACE BLDG., EMPORIA

L. D. PHONE 2444

One of the bureaus of the National Association of Medical-Dental Bureaus and the Associated Credit Bureaus of America, Inc. A substantial institution of enthusiastic alert and progressive credit and collection experts.

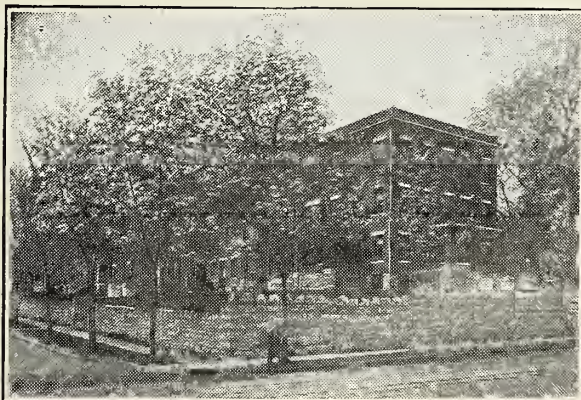
PAUL O. KREUGER, Executive Director

## THE MAJOR CLINIC ASSOCIATION

3100 EUCLID AVENUE

KANSAS CITY, MISSOURI

A Well  
Equipped  
Institution  
for the  
Nervous and  
Mental  
Diseases and  
Alcohol  
Drug and  
Tobacco  
Addictions



Beautiful  
Location  
Large,  
Well Shaded  
Grounds,  
Spacious  
Porches,  
All Modern  
Methods for  
Restoring  
Patients to a  
Normal  
Condition

HERMON S. MAJOR, M.D.  
*Medical Director*

HENRY S. MILLETT, M.D.  
*Associate Medical Director*

HERMON S. MAJOR, JR.  
*Business Manager*

ACCIDENT • HOSPITAL • SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS

EXCLUSIVELY



\$5,000.00 accidental death	\$8.00
\$25.00 weekly indemnity, accident and sickness	Quarterly
\$10,000.00 accidental death	\$16.00
\$50.00 weekly indemnity, accident and sickness	Quarterly
\$15,000.00 accidental death	\$24.00
\$75.00 weekly indemnity, accident and sickness	Quarterly
ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN	

86c out of each \$1.00 gross income used for members' benefit

\$2,800,000.00	\$13,000,000.00
INVESTED ASSETS	PAID FOR CLAIMS

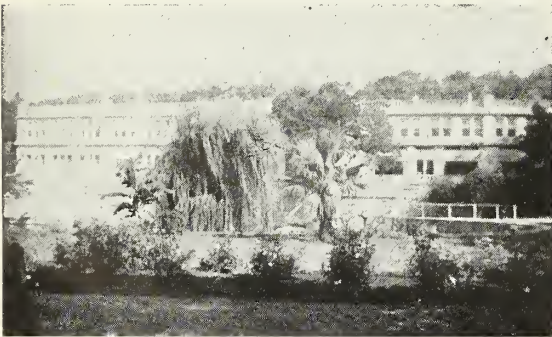
\$200,000.00 deposited with State of Nebraska for protection of our members

Disability need not be incurred in line of duty — benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION  
PHYSICIANS HEALTH ASSOCIATION

43 years under the same management

400 FIRST NATIONAL BANK BUILDING • OMAHA 2, NEBRASKA



THE BROWN SCHOOL

An exclusive year round school for children with educational and emotional difficulties. Under supervision of registered psychiatrist, resident physician, registered nurses, and technically trained teachers. Individual instructions in all academic subjects, speech, music, home economics, and arts and crafts. Separate units for different types of children. Farm and Ranch school for older boys. Private swimming pool. Fireproof buildings. View book and other information upon request.

BERT P. BROWN, DIRECTOR  
Box 177, San Marcos, Texas  
Box 3028, South Austin 3, Texas

DEATH NOTICES

CAPT. PAUL B. YOUNG, MC

Capt. Paul B. Young, 35, a Wichita physician in civilian life, was killed in the crash of a C-46 transport near Lebanon, Tenn., on November 10. Commissioned three years ago, Capt. Young had recently been on duty as a flight surgeon at an Army post at Lake Charles, La.

He was graduated from the University of Kansas School of Medicine in 1935 and served his internship at Wesley hospital, Wichita, before beginning practice at Rose Hill. He later was associated in practice with the late Dr. W. J. Eilerts, Wichita, specializing in obstetrics. He was a member of the Sedgwick County Medical Society.

PATRICK S. BRADY, M.D.

Dr. Patrick S. Brady, 56, Hays, was stricken with a heart attack November 12 while en route from Hays to Russell, and died a short time later. During the evening he had served as master of ceremonies at an Armistice Day celebration at Hays and at the time of the attack was driving a chaplain who had appeared on the program back to the Walker Air Base.

Dr. Brady was graduated from the Kansas City College of Medicine and Surgery in 1921, and practiced at Grinnell and Plainsville before opening his office at Hays nine years ago.

ANDREW JACKSON SMITH, M.D.

Dr. Andrew Jackson Smith, 82, who had practiced medicine in Leavenworth for more than 50 years, died at St. John's hospital there October 31 after an illness of about a year. He was a member of the Leavenworth County Medical Society.

A graduate of the University of Kansas School of Pharmacy, he purchased a drug store in Leavenworth in 1891 and later enrolled in the Kansas City Medical College, where he was graduated in 1894. He immediately returned to Leavenworth and continued his practice there until a year ago when poor health forced his retirement. He had served as president of his county medical society, and at the time of his death was president of the staff of St. John's hospital.

THOMAS RICHMOND, M.D.

Dr. Thomas Richmond, 73, a physician in Kansas City for 48 years, died after a heart attack at his home November 4. He was a member of the Wyandotte County Medical Society and had served as president and treasurer of the group for many years.

He was graduated from University Medical College in Kansas City in 1897, and had practiced in Kansas City since that time except for an interval during World War I when he served as a captain in the medical corps in an evacuation hospital in France.

# How irritation varies from *different* cigarettes

*Tests\* made on rabbits' eyes reveal the influence of hygroscopic agents*

		TYPE OF CIGARETTE
1	Edema 0.8	Cigarettes made by the PHILIP MORRIS method
2	Edema 2.1	Cigarettes made with no hygroscopic agent
3	Edema 2.7	Popular cigarette #1 (ordinary method)
4	Edema 2.6	Popular cigarette #2 (ordinary method)
5	Edema 2.7	Popular cigarette #3 (ordinary method)
6	Edema 2.7	Popular cigarette #4 (ordinary method)

**CONCLUSION:\*** Results show that regardless of blend of tobacco, flavoring materials, or method of manufacture, the irritation produced by all ordinary cigarettes is substantially the same, and measurably greater than that caused by PHILIP MORRIS.

**CLINICAL CONFIRMATION:\*\*** When *smokers* changed to PHILIP MORRIS, substantially every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

\*N. Y. State Journ. Med. 35 No. 11,590 \*\*Laryngoscope 1935, XLV, No. 2, 149-154

**TO THE PHYSICIAN WHO SMOKES A PIPE:** We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

### Resolutions to A.M.A.

The Michigan State Medical Society met in Detroit in September. This appears to have been an interesting meeting, judging from the number of resolutions that were made at that time. At least six have been mailed to the various state medical societies for their consideration.

Among them is one pertaining to the Children's Bureau, recommending that the activities of this organization be limited to education and research and that its powers should not be increased to include control of the practice of medicine, in part or in whole. A second resolution relates to the Pepper bill, voicing disapproval because it fails to provide competent and adequate medical care and because it would tend to pauperize patients who are financially independent and to limit free choice of physician. The third concerns hospital contracts that are now being made by the Veterans' Administration which are disapproved on the grounds that such contracts will bring about the practice of medicine by hospitals. A fourth resolution is on the subject of home-office care for veterans, in which it is recommended that this type of medical care be contracted through existing medical service plans.

The fifth resolution presents a more original idea in recommending a National Health Congress composed of doctors of medicine, dentists, hospitals, nurses, pharmacists, etc. It recommends that proposed federal legislation tends to socialize activities in all these fields as well as the people whom they serve, and that each organization struggling independently to retain its freedom has been considerably less effective than all might have been had they been united. The National Health Congress would integrate collective thinking and activities of the several units, thereby permitting a better understanding between

the organizations involved and also affording a more effective weapon with which to combat the encroachment of socialization.

The final resolution that came out of the Michigan State Society has been sent to all county societies in Kansas. This was done by request of the Michigan Medical Society. It pertains to the establishment of a specialty in general practice and will be brought to the attention of the House of Delegates of the American Medical Association, meeting in Chicago December 3-6, 1945. This resolution states that 66% per cent of the doctors of medicine of this nation are general practitioners, making up the bulk of the membership of the American Medical Association. It recommends the immediate creation of a new Section of General Practice to be duly constituted of equal rank and authority with the other sections already established. It is hoped by the Michigan Medical Society that this will be popular among the delegates all over the United States and that at the Chicago meeting the resolution will be favorably acted upon. When such a section is established, the Michigan Medical Society believes that it will raise the prestige of the general practitioner and will rapidly reflect benefits to the patient.

### Soviet Union Needs Literature

The American-Soviet Medical Society, with offices at 58 Park Avenue, New York City, recently sent the Journal a request for medical literature. Physicians in the Soviet Union, in telling of the devastation left by the Nazis, have appealed for help in rebuilding their libraries, and will appreciate receiving reprints of scientific papers written by Kansas doctors. All material sent to the New York office will be forwarded to medical libraries in Moscow.

## DIAGNOSTIC CLINIC

HUGH JETER, M.D., F.A.C.P., A.S.C.P.

*Associates and Consultants*

Complete

**CLINICAL AND LABORATORY**

Facilities

Osler Building . . . . . Oklahoma City . . . . . Phone 2-8274

## ALCOHOL—MORPHINE—BARBITAL

**ADDICTIONS** Successfully Treated Since 1897—  
Founded by B. B. Ralph, M.D.

*Write for description booklet*

**The Ralph Sanitarium**

529 Highland Ave.

Kansas City, Mo.

Telephone—Victor 4850

Registered by the Council on Medical Education and Hospitals  
of the A. M. A.



# the obligations of victory

Victory, too, imposes obligations. The fruits of our efforts and the sacrifices of the past four years will be determined by our actions today.

There is much to be done if we are in some small measure to repay those who fought for us.

For those who died there are families to care for; those who were hurt must be brought back to health; and even those who returned without physical injury need to be helped back to a normal peacetime existence.

"... to the great task remaining before us."

## BUY VICTORY BONDS

They finished their job; let's finish ours.



---

# Upjohn



KALAMAZOO 99, MICHIGAN • FINE PHARMACEUTICALS SINCE 1886

## COUNTY SOCIETIES

The Lyon County Medical Society met November 6 at Newman Memorial County hospital, Emporia. Dr. C. W. Lawrence presided in the absence of the president, Dr. F. A. Eckdall, who is a patient at the Santa Fe hospital, Topeka. Dr. C. E. Partridge read a paper, "Psychosomatic Medicine".

\* \* \*

The Mitchell County Society met November 13 at the community hospital in Beloit. Dr. L. C. Murphy and Dr. C. C. Parmaley, both of Wichita, presented the scientific program.

\* \* \*

A tri-county association which had functioned some years ago was revived recently when a new society was formed by doctors in Cowley and Sumner counties in Kansas and Kay county in Oklahoma. The initial meeting was held October 18 at Wellington, following a dinner at Harry's restaurant.

Dr. William H. Neel, Wellington, was chosen president, to serve with Dr. R. B. Gibson, Ponca City, as vice president, and Mr. Gene Wilcox, Winfield, as secretary-treasurer. Speaker at the program which followed the business meeting was Dr. J. L. Lattimore, Topeka.

### Honorable Mention in Essay Contest

Dr. Milton Lozoff, who served as a psychiatrist on the staff of the Menninger clinic, Topeka, before entering the Naval Medical Corps, and Marjorie Morse Lozoff were awarded honorable mention in a competition sponsored by the Modern Hospital magazine for essays on plans for improving hospital treatment of psychiatric patients.

In addition to its effectiveness against tuberculosis and cancer, x-ray has proven useful in the diagnosis of all types of injuries and disease of the bones; heart disease; gall stones, kidney stones and bladder stones. Upsets in the physiology of the body often can be detected by the radiologist by telltale shadows in the intestines, lungs, heart and other organs.

Therapeutically, the rays have been found beneficial in treating approximately 80 skin disorders, as well as acute infections, inflammations, gas gangrene and both malignant and benign tumors.—*American College of Radiology.*

In view of anticipated major hospital construction, the American Hospital Association through its Council on Hospital Planning and Plant Operation has devised a three-point program of aids to assist in the design of hospitals by aiding hospital officials in their choice of competent hospital architects.

First came a program of qualifications and approval of hospital architects familiar with the requirements and problems which confront hospitals. Conducted in cooperation with the American Institute of Architects, it is expected to increase the competence of architectural planning and thereby the efficiency of hospital care.

Analysis has disclosed the lack of satisfactory standards for many of the work areas of the hospitals. As a second phase in its program on hospital planning, the Association is establishing a Committee of Hospital Facilities to correlate and originate basic material for guidance in the design of various hospital maintenance facilities.

Further, the Council is considering a consultation service through which the experience of a group of hospital administrators would be made available for the review of plans to erect or substantially remodel hospital structures.

# THE Lattimore Laboratories

TOPEKA, KANSAS

J. L. Lattimore, M.D., *Director*

A. C. Keith, B.S., *Chemist*

H. C. Ebendorf, M.T., *Serologist*

PATHOLOGY, SEROLOGY, CHEMISTRY, BACTERIOLOGY,  
HEMATOLOGY AND PARASITOLOGY

*Containers furnished upon request.*

### OFFICES:

Topeka, Kan.

El Dorado, Kan.

Sedalia, Mo.

McAlester, Okla.

# *The Menninger Sanitarium*

For the Diagnosis and Treatment of

Nervous and Mental Illness

# *The Southard School*

For the Education and Psychiatric

Treatment of Children of Average

and Superior Intelligence. Boarding

Home Facilities.

Topeka, Kansas

**The Kansas Press Looks at Medicine  
HOARDING DOCTORS?**

The charge that the Army and Navy unnecessarily are hoarding doctors far beyond any possible needs the armed forces have for medical services has been brought by Senator Clyde Reed of Kansas. The Senator is going after the War and Navy Departments rough-shod to call them to an accounting in this regard.

The scarcity of physicians in many Kansas communities first called the Junior Senator's attention to the over-supply of medical men in uniform in contrast to the small numbers left in civilian life in proportion to the numbers of persons to be served. Leavenworth has been pretty fortunate in this regard. Some western Kansas counties, how-

ever, have been drained completely of doctors by the armed forces, and in no community in the state are there a sufficient number of doctors left efficiently to handle civilian medical needs without putting too heavy a burden on the remaining doctors. The same situation exists all over the United States.

In answer to an inquiry Senator Reed made of the War Department as to the number of doctors in the Army at the present time, he was informed that the Army had 506 more doctors on September 1 of this year than it had on January 1. Why there were was not explained. It seems strange that this should be so since war is over and great numbers of men are being returned to civilian life. This report seems to substantiate Senator Reed's charge that the Army and Navy are hoarding doctors.

**THE TROWBRIDGE TRAINING SCHOOL**

Established 1917

A HOME SCHOOL for NERVOUS and BACKWARD CHILDREN

**The Best in the West**

Beautiful Buildings and Spacious Grounds. Equipment Unexcelled. Experienced Teachers. Personal Supervision given each Pupil. Resident Physician. Enrollment Limited. Endorsed by Physicians and Educators. Pamphlet upon Request.

1850 Bryant Building

**E. HAYDEN TROWBRIDGE, M.D.**

**Kansas City, Mo.**

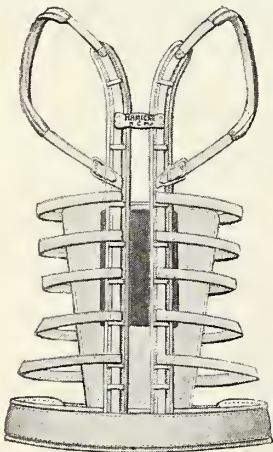
Nationally advertised Surgical Supplies and Equipment have been placed at Topeka, Joplin, Kansas City and St. Joseph for your convenience by —

**G O E T Z E N I E M E R C O .**

Management by Dr. W. F. Goetze, a member of the American Medical Association, assures intelligent servicing of your orders.

**Taylor-Type Back Brace**

For  
Fracture of Vertebrae



**P. W. HANICKE MFG. CO.**  
1013 McGee Street  
**KANSAS CITY, MISSOURI**  
Telephone Victor 4750

**REPRINT PRICE LIST**

Reprints from articles in the  
**KANSAS MEDICAL JOURNAL**

All Reprints are made the same size as  
Journal pages, 7¾ x 10½ inches.  
Transportation charges on reprints are  
to be paid by the Author

No. Copies	Pages	Without Cover	With Cover
100.....	4	\$ 9.00	\$12.25
250.....	4	9.75	14.50
500.....	4	11.00	17.50
1000.....	4	18.00	26.00

No. Copies	Pages	Without Cover	With Cover
100.....	8	\$12.50	\$16.00
250.....	8	14.00	18.00
500.....	8	16.00	23.00
1000.....	8	21.00	32.00

No. Copies	Pages	Without Cover	With Cover
100.....	12	\$16.00	\$20.50
250.....	12	18.25	23.50
500.....	12	21.25	28.25
1000.....	12	28.00	39.00

**CAPPER PRINTING CO.**  
Capper Building  
**TOPEKA, KANSAS**

*Announcing*  
**DR. ROBERT I. SMITH**  
*formerly a medical officer of  
 the Army of the United States  
 has been honorably discharged  
 and is resuming practice  
 at his former office at  
 10 Walnut Street*

OFFICE HOURS  
 9 to 11 A.M.  
 2 to 4 P.M.  
 Daily Except Sunday



# *Welcome Home, Doctor!*

Warriors Without Weapons . . . Soldiers in White . . . Marshals of Mercy . . .

The medical men in the war will be the subject of novels, plays, and movies for years to come. But words, pictures . . . statistics, revealing as they are . . . won't begin to tell the whole story of the magnificent work you did. Nor will words be adequate to express fully the appreciation and thanks of your fellow men.

The makers of Camel cigarettes join with millions of others in saying, "Well done, Doctor" and "Welcome home!"

**CAMELS** *Costlier*  
*Tobaccos*



# PROFESSIONAL PROTECTION



DOCTORS DISCHARGED  
from Military Service should  
notify Company immediately.

MILITARY POLICY  
does not cover Civilian Practice.

The public bore the civilian doctor shortage with patience and understanding while battles were being fought and men were being wounded or taken sick with the many diseases encountered in foreign lands. But now they no longer can understand why so many thousands of doctors should be retained in service, when the need for them is so acute in civil life.

Most doctors in Kansas are taking care of the needs of from 1,200 to 2,000 and more people. In a large proportion of cases they must make house to house calls. Each Army doctor serves only 160 to 180 men. If these are ill or wounded, they are in hospitals in which the physician can go from bed to bed with no waste of time in seeing and prescribing for their individual needs. If they report for sick call, they go to his headquarters office and take their turn telling him their symptoms.

If greater speed is not made immediately in releasing surplus doctors from the armed forces, Senator Reed intends to ask for an investigation to get at the reason for the Army and Navy not releasing surplus physicians while the need of them in private practice grows increasingly greater. We may rest assured that our aggressive Junior Senator won't call quits on the matter until he gets to the bottom of it. We look for a speed-up in release of doctors from the services as a direct result of Senator Reed taking so active an interest in the matter.—*Leavenworth Times*, October 8, 1945.

## UNDERSTAND THE DOCTORS

Now that more doctors are beginning to trickle back from the wars (a few of them, fortunately, to Topeka), don't expect the still-overworked medicos to be able to respond to your slightest whim at a moment's notice, save

**THE**  
**MEDICAL PROTECTIVE COMPANY**  
**FORT WAYNE, INDIANA**



# Hotel Jayhawk

TOPEKA ~ KANSAS

Main Dining Rooms and Coffee Shop

Air Conditioned and Refrigerated

Many Private Dining Rooms Available for Special Parties

THE MOSBY HOTEL CO.

N. M. Mosby, Pres. & Gen. Mgr.

A COLLECTION SERVICE DEDICATED TO...  
The Medical Profession... Hospitals  
ALL MONEY IS PAID DIRECT TO THE CREDITOR

A record of twenty-eight years service to Doctors, Clinics and Hospitals insures a kindly and understanding service to your debtors. . . . Since all money is paid to you, you are still guardian of your accounts and all monies. . . . You pay us commission only on such amounts as are paid to you. . . . Won't you please write for a list of our Doctor and Clinic clients and enlist our help, while the time for collections is opportune?

READING & SMITH SERVICE BUREAU  
COMMERCE BUILDING  
KANSAS CITY 6, MISSOURI

# REST and SUPPORT for the ARTHRITIC SPINE

— **CAMP** —

Among the conditions for which Camp Orthopedic Supports are prescribed, we frequently find *arthritis* of the lumbar and dorsal spine. They are efficient and practical aids in the treatment of this condition because—

1 Their *basic construction* assures rest and protection to the spine . . .

2 They *may be reinforced* with pliable steels or the Camp spinal brace as desired by the Orthopedic Surgeon or Physician . . .

3 They are *easily removed* for treatment with other forms of physical therapy . . .

4 They are made of *varying height* to support the involved region or beyond as prescribed by the attending physician or surgeon.



Patient of intermediate type-of-build. Support covers the major portion of the dorsal spine, the lumbar spine, the pelvic region and the gluteal region.



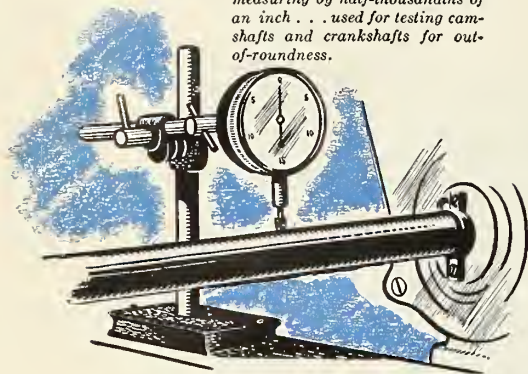
Obese patient with pendulous abdomen which must be supported in order to avoid the drag on the lumbar spine. Note support of the gluteal region.

**S. H. CAMP and COMPANY, JACKSON, MICHIGAN**

*World's Largest Manufacturers of Scientific Supports*

Offices in CHICAGO • NEW YORK • WINDSOR, ONTARIO • LONDON, ENGLAND

**DIAL TEST INDICATOR**  
measuring by half-thousandths of  
an inch . . . used for testing cam-  
shafts and crankshafts for out-  
of-roundness.



## WHEN IT'S *Precision*

### YOU REQUIRE . . .

**FOR** the treatment of pernicious anemia, medical science has found a specific in liver therapy.

But like the highly sensitive dial test indicator which measures within .0005 inch, liver extract—to give precise results—must be manufactured with the utmost care.

. . . And nothing less than precision will meet the requirements of the competent physician.

For these requirements, Purified Solution of Liver, Smith-Dorsey, deserves your confidence.

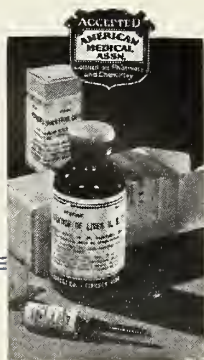
Its uniform purity and potency are traceable to the conditions under which it is produced—to the capably staffed laboratories, the modern facilities, the rigidly standardized testing procedure.

You may be assured of *precision* in liver therapy when you use

## PURIFIED SOLUTION OF *Liver*

**SMITH-DORSEY**

Supplied in the following dosage forms: 1 cc. ampoules and 10 cc. and 30 cc. ampoule vials, each containing 10 U.S.P. Injectable Units per cc.



**THE SMITH-DORSEY COMPANY**  
Lincoln, Nebraska

*Manufacturers of Pharmaceuticals to the  
Medical Profession Since 1908*

in emergency. Some people still are not fully aware of the constant strain and heavy burdens the home town physicians have been under the past three to four years. There are a few too many hypochondriacs who are like the man we knew once, who would say:

"I know it's unreasonable, but I'm the kind that when I call the doctor I want to hear his footstep hit the front porch by the time I hang up the telephone."

Doctors in their prime have had no little difficulty keeping up with home demands for their services; veteran physicians gave up their long-anticipated retirement to return to practice for the duration; and just a few younger doctors who were unable to enter military service have joined the others to keep the public health amazingly secure from epidemics and other disasters thru a very trying period.

They and their companions in medicine, the dentists, deserve appreciation and understanding of their contribution to the national well-being.—*Topeka State Journal*, November 19, 1945.

### PLEASE RELEASE THE DOCTORS!

The fighting is ended. Many items formerly rationed, now are unrationed. Most of the war plants are closed. The clocks have returned to God's time. Actually the war is over.

But—

In Wellington the dentists still are overworked and so far behind with their service that appointments sometimes must be made weeks ahead, except for emergency cases.

And so with the two hospitals now operating. Patients cannot always have the usual attention because every room is occupied and much of the time patients must be served on hall cots. The staffs are worn from long hours and the best of service cannot be afforded because, for the greater part of the time, over-crowded conditions and over-worked helpers make the usual excellent service impossible. And at the private offices of the few doctors remaining, patients often must wait unreasonable hours because there simply are not enough doctors. The situation has forced many to seek the services of doctors and hospitals in nearby cities.

This condition deserves relief and it could have been relieved months ago. We have it from most reliable sources that four of our service doctors have been doing practically nothing for some time, and at least one has been ready for discharge five months but army red tape still holds him in barracks doing nothing.

Early in the war practically all doctors of the Hatcher Clinic were taken and the hospital had to be closed, a serious loss to the county. Of course a hospital must have nurses, technicians, cooks, and other helpers as well as a medical staff, and it may be that these are not now available, but as the Hatcher staff gets army discharges we hope there will be an early opening of the Hatcher hospital. The people of Sumner county who were not called to fight have not suffered severely from the four years of war, but of that sacrifice probably the greater part fell upon the sick and ailing who have been deprived of normal medical and hospital service, and those doctors and nurses who have worked too long hours doing their best to serve too many patients.—*Wellington Daily News*, October 30, 1945.

There are three factors which determine the prognosis and outline the proper treatment for peripheral vascular disease: the site of occlusion, the state of the clotting mechanism, and the vasomotor apparatus.—Geza de Takats, M.D., in the *Journal of the Michigan State Medical Society*.

# Why do Tom, Dick and Harry need Vitamin D?



Growing children require vitamin D mainly to prevent rickets. They also need vitamin D, though to a lesser degree, to insure optimal development of muscles and other soft

tissues containing considerable amounts of phosphorus . . . Milk is the logical menstruum for administering vitamin D to growing children, as well as to infants, pregnant

women and lactating mothers. This suggests the use of Drisdol in Propylene Glycol, which diffuses uniformly in milk, fruit juices and other fluids.



## **DRISDOL** IN PROPYLENE GLYCOL

TRADEMARK REG U. S. PAT. OFF. & CANADA

Brand of Crystalline Vitamin D<sub>2</sub> (calciferol) from ergosterol

**MILK DIFFUSIBLE VITAMIN D PREPARATION**

Average daily dose for infants 2 drops, for children and adults 4 to 6 drops, in milk.

Available in bottles of 5, 10 and 50 cc. with special dropper delivering 250 U.S.P. units per drop.

*Odorless  
Tasteless  
Economical*

**WINTHROP CHEMICAL COMPANY, INC.**

Pharmaceuticals of merit for the physician • New York 13, N.Y. • Windsor, Ont.

## KANSAS MEDICAL ASSISTANTS' SOCIETY

### Helping the Doctor Collect His Money\*

Part III

By David Morantz, Kansas City, Kansas

One mistake made by many professional men is that they carry their accounts too long without payment. If the patient disregards three statements, the secretary might phone him at his home and talk to him or his wife in a pleasant, courteous tone of voice something as follows:

"Is this Mr. John Q. Jones?"

If he answers in the affirmative, she may then say, "This is Dr. Brown's office. Having had no reply to three statements, I wonder if you received them. Did you?"

The patient will usually apologize for failure to reply and tell you of his reasons for non-payment.

She can then reply: "I understand how those things are and wonder if you will not mail us your check for \$..... today." (Ask for the full amount due.)

If he says he cannot pay until the first of the coming month or his next pay day, she might say: "That will be fine. I'll look forward to hearing from you then. Thank you!" If he says he cannot pay the full amount at one time, this is an opportune time to arrange a payment schedule commensurate with his ability to pay.

When a patient does not keep promises to pay, and drags the account out six months without payment and without a good reason, the wise step is then to turn the

\*From an address delivered before the Wyandotte County Medical Assistants' Society.

account over for collection to a reputable, well organized collection agency. Before doing this, investigate the agency carefully. Then, when you are satisfied that it is reliable and that it uses ethical, tactful collection methods, turn over your accounts when they become six months past due. The longer you hold accounts the harder they are to collect and the more chance your debtor has to get away. When a statement comes back, I suggest that you turn it to your collection agency at once instead of waiting six months or more, so steps can be taken to relocate your debtor before the trail gets cold.

Another important point to keep in mind is that many debtors are reluctant about employing a doctor to whom they owe a bill. They will call another instead of facing the doctor they would really rather have. If you follow a definite, systematic collection plan such as I have suggested, you will get your money quicker, your patient will feel better about getting his account paid and he will come back to you instead of to your competitor when he again needs medical service because he is paid up with you.

According to life insurance actuarial figures, the male infant born at the turn of the century could be expected to live 48.23 years. A girl baby born in 1900 had a life expectancy of 51.08 years.

In 1943, the latest year for which figures are available, the male child was born with a prospective life of 63.16 years, an increase of 14.93 years. The 1943 baby girl entered life with an expectancy of 63.27 years, 17.19 years longer than the girl child born in 1900.

To x-ray and the radiologist—the physicians who specialize in the use of x-ray—must go much of the credit for the extension in man's life span.—*American College of Radiology.*

## FOR 32 YEARS

(31 Years in the Same Location)

We have specialized in the collection of accounts for professional men, hospitals, morticians, etc. Not only do we get results, but we always endeavor to retain for our clients the friendship and good will of those from whom we collect.

We have no postage nor docket fees; no filing nor membership fees. We receive only a moderate commission for results obtained. Absolutely no collection, no charge. And we remit monthly on every cent collected.

Here is all you need do to start our monthly checks coming to you: Send us a list of your past due accounts giving name and address of each debtor, amount due and date of last payment or charge. Do not send itemized statements. Just list totals of each account.

As members of the Collection Service Division of the Associated Credit Bureaus of America and also of the American Collectors Association, with a total of over 3,000 affiliated collection offices, we can render you a dignified, effective, "on the ground" collection service whether your debtors are located in the United States, Canada, Alaska or Hawaii. These offices, like our own office, were elected to membership after careful investigation as to efficiency and reliability—and each office is covered by a surety bond.

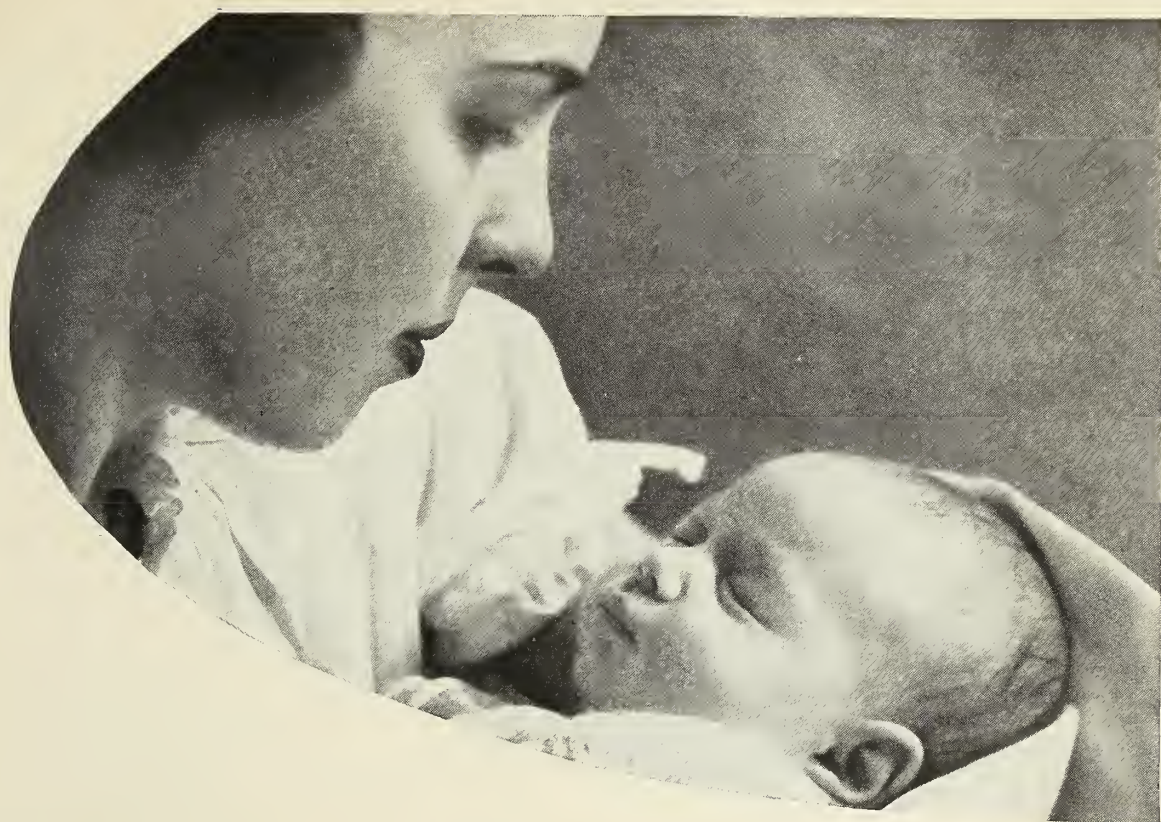
Reference: Security National Bank, 7th and Minnesota Avenue, Kansas City, Kansas.

# MORANTZ MERCANTILE AGENCY

DAVID MORANTZ, *Manager*

SECOND FLOOR, GROSSMAN BUILDING, KANSAS CITY, KANSAS

*"Established 1913 and our first client is still with us."*



## Sleep insurance for doctors

To the harassed doctor, 'Dexin' brand High Dextrin Carbohydrate helps provide "sleep insurance"—nights made peaceful by fewer frantic calls from worried mothers. His 'Dexin' babies sleep more soundly, and are less subject to disturbances that interrupt slumber. The high dextrin content of 'Dexin' (1) diminishes intestinal fermentation and the tendency to colic and diarrhea, and (2) promotes the formation of soft, flocculent, easily digested curds.

'Dexin', palatable but not too sweet, is readily soluble in hot or cold milk or other bland fluids. 'Dexin' does make a difference.

'Dexin' Reg. Trademark

# 'Dexin'

HIGH DEXTRIN CARBOHYDRATE

Composition—Dextrins 75% • Maltose 24% • Mineral Ash 0.25% • Moisture 0.75% • Available carbohydrate 99% • 115 calories per ounce • 6 level packed tablespoonfuls equal 1 ounce • Containers of twelve ounces and three pounds • Accepted by the Council on Foods and Nutrition, American Medical Association.

Literature on request



BURROUGHS WELLCOME & CO. (U.S.A.) INC. 9 & 11 E. 41st St., New York 17, N.Y.

## AUXILIARY

### President's Message

The season's greetings to you all! When this message reaches you it will be at that time when our hearts are filled with the spirit of Christmas and love for our fellow men. Thousands will be rejoicing not only for the birth of our Savior, but for the return of loved ones. To those less fortunate we extend our deepest and heartfelt sympathy. May we all do our bit to create that eternal peace on earth and good will to all men.

The recently instituted conference of presidents and presidents-elect will convene in Chicago on December 5 and 6 and we are anticipating the constructive suggestions which we will be able to bring back to you. We will be joined by Mrs. Regier, president-elect, and will enjoy the benefits of the session together.

It was indeed a pleasure to have visited the Wyandotte County Auxiliary on November 9 in Kansas City. Their large membership is a very alert and interested group, eager to take advantage of all information and benefits offered them. They are conducting a very worthwhile program.

This is one of the 15 organized counties in the state and from reports each is making progress. There is so much now being offered for health education and educational programs on many other essential subjects! That reminds me that it should be the personal responsibility of each individual member of this organization to see that the health education available through Hygeia, the authentic health magazine published, is made accessible to the public. Start with your own subscription, then urge your friends, your dentist, and of course your doctor to place it regularly on their library tables. Have it available to the public by having it placed in the schools, libraries, beauty salons, U.S.O.'s and every other public place you can think of. Remember that the Hygeia contest closes the 31st of January, and if all of us do our part, we should win one of the cash prizes. Kansas leads in so many other enterprises, why not in this? We can if we will.

It is also time for the payment of our membership dues. They are still only one dollar a year. They should be sent by the county treasurer to Mrs. John A. Billingsley, state secretary, 2024 Washington Blvd., Kansas City, Kansas, not later than January 1. With the dues send two copies of the members' names and addresses, listing them as they are in the telephone directory. In that way we will be assured of correct listing in our year book. Our membership is so very important. Now that our doctors are returning home, we should have a number of newly organized Auxiliary units. In counties where there are not enough doctors for their wives to form an interesting group, several counties can unite and form a surprisingly effective organization. We need each one of you and are anxious to have every eligible doctor's wife join with us in our efforts to assist the physicians represented by the American Medical Association, to promote the constructive program for the extension of improved health and medical care to all the people. Your help is vitally important. By uniting the efforts of each of you with our membership, we could be a force of dynamic power and our accomplishments unlimited. You are important to us and we need you, and you need us.

Mrs. Hugh A. Hope.

### 1946 State Meeting

The annual session of the Woman's Auxiliary will be held in Wichita April 22, 23, and 24. It is not too early to make reservation for rooms as they will be one of the hard to get items.

### Meetings Over the State

Thirty members of the Shawnee County Auxiliary were present at a meeting held at the home of Mrs. J. F. Casto the evening of November 5. Assisting hostesses were Mesdames R. W. Emerson, R. L. Funk, G. W. B. Beverley, P. M. Powell, and A. C. Craig. A two-piano program was presented by Mrs. Casto and Mrs. McKinley Akey.

The Auxiliary to the Sedgwick county society met November 12 at the home of Mrs. J. V. Van Cleve with 61 members and two guests in attendance. Mrs. Lu Carnell spoke on arts and crafts. Chairman for the meeting was Mrs. B. P. Meeker, and assisting hostesses were Mesdames L. A. O'Donnell, V. L. Pauley, J. L. Vichers, R. H. Maxwell, B. C. Beal, E. D. Carter, A. E. Hiebert, E. C. Rainey, E. L. Cooper and E. E. Tippin.

Forty members of the Wyandotte County Auxiliary were present at a luncheon meeting held at the home of Mrs. Z. Miles Nason on November 8. Mrs. Hugh A. Hope of Hunter, state president, was guest of honor and Mrs. H. L. Regier, president-elect, and Mrs. John A. Billingsley, state secretary, were also present.

A business session was held, after which Mrs. Hope gave a short talk on legislative problems. Mrs. J. M. Cupp sang several vocal numbers, and a one-act play was presented by Mesdames W. J. Caldwell, Fred Wyatt, C. A. Smith, C. W. Brenneesen, and Miriam Barrett and Miss Helen Hummel.

Mrs. Robert T. Lucas was chairman of the entertainment committee and assisting hostesses were Mesdames J. A. Burger, Bessie Evans, C. E. Hassig, H. V. Holter, S. G. Laing, C. V. McWilliams, J. H. Rabin, C. J. Weber, and J. G. Claypool.

Each member will bring a toy to the December meeting and the gifts will be distributed among children in the Kansas City hospitals during the holiday season.

### Auxiliary Briefs

The fiscal year of the National Auxiliary was adopted by the House of Delegates at the 22nd annual meeting in Chicago in June 1944. Each fiscal year extends from July 1 to June 20.

\* \* \*

"The things we thought permanent have gone, but the real fundamentals—courage, loyalty, tolerance and faith—the values upon which the Atlantic Charter and the Four Freedoms are based, never change.

"We have all made some sacrifices in our effort to help, but we must do more and more until victory is ours and 'Peace on Earth, Good Will Toward Men' is once more a reality.

Remember there is no priority on loyalty, no rationing of courage, no scarcity of patriotism and no lack of faith. So, as Auxiliary members, let us go forth with a song on our lips and a prayer in our hearts and fulfill the wishes of the American Medical Association.—Excerpt from a message of Mrs. David M. Thomas, president of the Woman's Auxiliary to the American Medical Association, May 1944.









31331

Return this book on or before the last  
date stamped below

Library Bureau	Cat. no. 1174	-D	

